S. No. 2
M—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 21 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1474

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 74

1. PLACE OF DEATH:

(a) County BATES

(b) City or town BUTLER R+D - Mt Pleasant
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES 7

(c) City or town BUTLER MO 0
(If outside city or town limits, write "RURAL")

(d) Street No. R+D 3 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CLORA LEE Harrison

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife C P Harrison

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov (Month) 27 (Day) 1886 (Year)

8. AGE: Years 56 Months 0 Days 20 If less than one day hr. min.

9. Birthplace BATES Co. MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN M. MOORE
13. Birthplace PETTIS Co MO (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name NAOMI BROWNING
15. Birthplace KANSAS (City, town, or county) 1 (State or foreign country)

16. (a) Informant Clarence Harrison
(b) Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Booths
(b) Address Butler Mo

19. (a) Dec 20, 1942 (Date received local registrar) (b) Mrs Marvin Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 17TH year 1942 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from May 30th 1936 to Dec 17th 1942 that I last saw her alive on Dec 17th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coma Diabetes

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature L D La Hue (M. D. or other) MD

Address Butler Mo Date signed 12-20-42

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-42-1385
Date Filed 1-12-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.