No. 2
11-10-39
-17-39

FILED FEB 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3171

State File No.

Registration District No. 298 ~~712~~

Primary Registration District No. 4429

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Pulaski 85

(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski 85

(c) City or town Richland 0
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elmer Rosco Harrison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mollie Harrison

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

7. Birth date of deceased Nov (Month) 28 (Day) 1873 (Year)

8. AGE: Years 69 | Months | Days 28 | If less than one day hr. min.

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

10. Usual occupation Plumber

11. Industry or business

FATHER
12. Name William R Harrison
13. Birthplace Bowling Green (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name Mary M Gibson
15. Birthplace Camden Co (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant James S Harrison
(b) Address Richland MO.

17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 1-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director R B Deeper
(b) Address Richland MO.

19. (a) 1-19-1943 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1942 hour 12 minute a M.

21. I hereby certify that I attended the deceased from Dec 27, 1942, to Dec 27, 1942, that I last saw him alive on Dec 27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure ✓ — Duration 1 moment

Due to unknown

Due to unknown

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 0

23. Signature Everett A. Oliver MD (M.D. or other)
Address Richland MO Date signed 12-27-1942

11.10

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 2-43-12
Date Filed 2-9-43

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 R B Leeper

Licensed Embalmer No. 3198

P. O. Address Richland Mo.

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, above space should be left blank.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3171

Registration District No. 298 Primary Registration District No. 4428 Registrar's No.

1. PLACE OF DEATH:
(a) County: Pulaski
(b) City or town: Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Elmer R. Hanson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar. (Month) 28 (Day) (Year)

8. AGE: Years 69 Months Days If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 27 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 , 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death: Heart Failure — Duration
Due to: Acute Coronary Obstruction — 1 minute
Due to: Unknown
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: 94a
Of autopsy

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (c) Means of injury

23. Signature: Everett A. Oliver (M. D. or other)
Address: Richland, Mo. Date signed 3-3-1943

SUPPLEMENTARY