. S. No. 2
0M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1943

Registration District No. 187

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18318

State File No.

Primary Registration District No. 3040

Registrar's No. 3-6-

57
1
2

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 639 Commercial St
(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: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo.
(b) County: Livingston
(c) City or town: Chillicothe Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 639 Commercial
(If rural, give location)
(e) Citizen of foreign country? No.
(Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Erma Jean Harrison

3. (b) If veteran, name war: —

3. (c) Social Security No. 500-14-7606

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: Aug. (Month) 4 (Day) 1923 (Year)

8. AGE: Years 19 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace: Chillicothe (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Sales clerk

11. Industry or business:

FATHER
12. Name: Roy Harrison
13. Birthplace: Chillicothe (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Mary Moore
15. Birthplace: Monroe Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Ray Harrison
(b) Address: Chillicothe Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 20-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood

18. (a) Signature of funeral director: James D. Gordon
(b) Address: Chillicothe Mo.

19. (a) May 18 1943 (Date received local registrar) (b) Lou Ellen Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 17th year: 1943 hour: 3:00 minute: 6:6 A.M.

21. I hereby certify that I attended the deceased from March 24, 1943 to May 17, 1943 that I last saw her alive on May 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: acute miliary tuberculosis — Duration: 8 wks

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): None

Major findings:
Of operations: —
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)
(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: R. T. Bierman (M. D. or other)
Address: Chillicothe, Mo. Date signed: 5/18/43

(Licensed Embalmer's Statement on Reverse Side)

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 James D. Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe, 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, fact should be so stated above.