

S. No. 2
M-5-42
5-17-39
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18656

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

LED JUN 7 1943
Registration District No. 274

Primary Registration District No. 4407

Registrar's No. 154

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

1. PLACE OF DEATH: Pettis
 (a) County La Monte
 (b) City or town
 (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 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Pettis 80
 (c) City or town La Monte (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 0

3. (a) PRINT FULL NAME Pheobe Louise Harrison

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F. / 5. Color or race W 6. (a) Single, widowed, divorced, Married

6. (b) Name of husband or wife Harry Harrison 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug 17 1879 (Month) (Day) (Year)

8. AGE: 63 Years	Months 8	Days 14	If less than one day hr. 14 min.
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9. Birthplace Pettis Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Danial Mc Grady

12. Name Ireland 4

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Dont Know 4

15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant La Monte Mo. (b) Address La Monte

17. (a) (Burial, cremation, or removal) (b) Date thereof May 8. 43 (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B. F. Parker (b) Address La Monte Mo.

19. (a) 5-7-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5- 43 year 7 15 minute P M.

21. I hereby certify that I attended the deceased from March 1943 to May 5 1943 that I last saw her alive on May 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a!

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? _____

While at work (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) Address [Address] Date signed May 7 43

RECEIVED

District No. **8**,

District File Number

Date Filed 6-3-43

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.....

P. J. Garner

Licensed Embalmer No. 1542

P. O. Address.....

La Monte 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.