

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

SEP 13 1943

Registration District No. 324

Primary Registration District No. 6093

State File No. \_\_\_\_\_

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 11 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Clifford Harriman

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 Katherine Abell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 22 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lone Elm Prairie Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William P. Harriman

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

14. Maiden name Maggie Russell

15. Birthplace Charlottesville W. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert R. Harriman  
(b) Address Slater, Mo.

17. (a) Burial (b) Date thereof Aug 6, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo.

18. (a) Signature of funeral director J. LeRoy Sussang  
(b) Address 8 E. Marshall

19. (a) 8.6.43 (b) mo to Westover  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3  
year 1943 hour 6:30 minute 7 M.

21. I hereby certify that I attended the deceased from April 13 to Aug 3, 1943;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Nephritis.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 1318  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) None

(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) (e) Means of injury \_\_\_\_\_

23. Signature Robert Keener M. D. or other \_\_\_\_\_  
Address Marshall Mo. Date signed 7/6/43

Small text at top left, possibly a date or reference number.

Small text at top right, possibly a date or reference number.

RECEIVED

District Health Officer No. 8,

Filed 9-10-73

Faint text in the middle right section.

Faint text in the middle right section.

Faint text in the middle right section.

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 J. Leslie Summey Licensed Embalmer No. 3235

P. O. Address... Marshall, 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.