

FILED NOV 9 1943
Registration District No. **7**

Primary Registration District No. **1000**

Registrar's No. **1120**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **4 Days** (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess** **31**

(c) City or town **Gallatin** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **None** (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fredrick Melvin Harrison**

3. (b) If veteran, name war **World War No 1** 3. (c) Social Security No. **None**

4. Sex **Male** 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 **December 13 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	9	28	hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign county)

10. Usual occupation **Editor**

11. Industry or business **Newspaper**

MOTHER FATHER {

12. Name **Clifford Melvin Harrison**

13. Birthplace **Johnstown Pennsylvania**
(City, town, or county) (State or foreign county)

14. Maiden name **Hannah Marrah**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign county)

16. (a) Informant **Wm. M. Harrison**

(b) Address **U.S. Army, San Marcos Texas**

17. (a) **Burial** (b) Date thereof **10-13-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cemetery**

18. (a) Signature of funeral director **Hope Furn. & Undt.**

(b) Address **Gallatin, Mo.**

19. (a) **10-13-48** (b) **Rose Perry**
(Date received local registrar) (Registrar's signature)

1233

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **11**
year **1943** hour **8** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Oct 9**
1943 to **Oct 11** **1943**
that I last saw **him** alive on **Oct 11** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial Pneumonia et

Due to **Asthma not cardiac.** **10 yrs.**

Due to _____

Other conditions **107**
(include pregnancy within 3 months of death)

Major findings:
Of operations **no operation**

Of autopsy **no 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? _____

23. Signature **H. W. Kearby** (M. D. or other) _____
Address **St. Joseph Mo** Date signed **10-13-48**

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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.....

L. O. Richeson
Licensed Embalmer No. 3302

P. O. Address..... Gallatin, 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.