

FILED FEB 9 1944
3260 145

Registration District No.

Primary Registration District No. 5565

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Dent ~~camp~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8 miles South West of Banner
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 8 miles South West of Banner
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Theodore Thomas Harbison

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male (race white)

5. Color or (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 January 26 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. 15 min.

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

10. Usual occupation none

11. Industry or business.....

12. Name Elvie Harbison

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

14. Maiden name Minnie Litton

15. Birthplace East End Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elvie Harbison

(b) Address Goodland Mo.

17. (a) burial (b) Date thereof 1-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodland Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Lucel White Ironton Mo.

19. (a) 1-30/44 (b) Mrs J. C. Rudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1944 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from 1-26 1944 to 1-26 1944

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death organic heart disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 J. P. Youngman (M. D. or other)

Address Ironton Mo. Date signed 1-30-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17
0
0

47

?

0

0

0

0

9502

RECEIVED

District Health Officer No. 4
District File Number 244-3332
Date Filed 2-7-44

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Lucy White.....

Licensed Embalmer No. 2012.....

P. O. Address

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.