No. 2
5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3673

Registration District No. FILED FEB 8 1944

Primary Registration District No. 5818

Registrar's No. 5

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town RURAL - MOREAU Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 TIME

2. USUAL RESIDENCE OF DECEASED: 71

(a) State MISSOURI (b) County MORGAN

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

(d) Street No. 4 MI. N. OF BARNETT
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ROSA HARRISON

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race COLORED

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

6. (b) Name of husband or wife HENRY HARRISON

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

7. Birth date of deceased JUNE (Month) 15th (Day) 1876 (Year)

8. AGE: Years 67 | Months 6 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace MORGAN CO (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOME

FATHER
12. Name HENRY SNORGIKHSS
13. Birthplace MONITEAU CO. MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MAGGIE HITE
15. Birthplace MILLER CO MO-0 (City, town, or county) (State or foreign country)

16. (a) Informant Richard Hungrade
(b) Address Versailles Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-7-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ GREEN-RIDGE-CEMETERY

18. (a) Signature of funeral director E. F. Cunell
(b) Address Versailles Mo

19. (a) 1-7-1944 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 5th year 1944 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from JANUARY 4 - 1944 to JANUARY 5 1944, that I last saw h. E. R. alive on JANUARY - 4 1944, and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Cancer of liver 46 f — 3 or 4 months

Due to .....

Other conditions Dont Know -
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A. J. Gunn (M. D. ~~or other~~)

Address Versailles Mo Date signed 1-7-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-44-88
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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. F. T. Caldwell

Licensed Embalmer No. 1596

P. O. Address Greenville 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.