

S. No. 2
M-2-43
5-17-39
I X35697

FILED MAR 14 1944

Primary Registration District No. 6093

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

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. 2
(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 All his Life

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. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME John L. Harrison

3. (b) If veteran, name war #

3. (c) Social Security No. #

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1944 hour 1:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1941 to Feb 3, 1944
that I last saw him alive on Feb 3, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lura Hutcherson

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 16, 1890
(Month) (Day) (Year)

Immediate cause of death: Paralysis 6 hrs

Due to Malignant Arterial Hypertension 3 yrs

Due to _____

Other conditions: None

8. AGE: Years 53 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Lucian D. Harrison

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

14. Maiden name Ella Bailey

15. Birthplace Saline Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lura Harrison

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Feb. 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director A. Leolia Surrency

(b) Address Marshall, Mo.

19. (a) 2-5-44 (b) most. G. West
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy No

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) No

(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 0

23. Signature Robert H. ... (M. D. or other) _____

Address Marshall Mo Date signed 2-4-44

1211

RECEIVED

District Health Officer No. 8,

District File Number

3-13-44

Date Filed

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..... *Leola Surrency*

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.