No. 2
—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11630

Registration District No. 74 Primary Registration District No. 4370 Registrar's No.

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Clearmont
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Clearmont
(If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Wort E. Harrison
3. (b) If veteran, name war: World War # 1
3. (c) Social Security No. ____
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Agnes E. Harrison
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May (Month) 2 (Day) 1892 (Year)
8. AGE: Years 51 Months 10 Days 6 If less than one day ____ hr. ____ min.
9. Birthplace: Chicago Ill (City, town, or county) / (State or foreign country)
10. Usual occupation: Lumberman
11. Industry or business: unknown
FATHER 12. Name: unknown
FATHER 13. Birthplace: (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Howard Garrett
(b) Address: Maryville Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-11-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Clearmont Cemetery
18. (a) Signature of funeral director: Fry Funeral Home
(b) Address: Maryville Mo
19. (a) March 11 1944 (Date received local registrar) (b) Mrs W G Carpenter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1944 hour 6 minute 15 P. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) N.A.	

Major findings:
Of operations ____
Of autopsy Coroner's Inquest.

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: W. R. Jackson (M. D. or other)
Address: Maryville, Mo Date signed 3-8-44

1264 (Licensed Embalmer's Statement on Reverse Side)

APR 1 8

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 Glenn M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.