

FILED MAR 28 1944

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Flat River
(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 one year
(Specify whether years, months or days)
 In this community one year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Flat River
(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 Minnie Lee Harbison

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Samuel Harbison 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan. 31 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>0</u>	<u>28</u>	hr. min.

9. Birthplace Phillipstown Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Wm. McCarty
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Wells
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Harbison
 (b) Address Marine Illinois
 17. (a) burial (b) Date thereof 3-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director Norman White & Sons
 (b) Address Ironton Mo.

19. (a) MAR 24 1944 (b) B. Sydnie Burkholder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29
 year 1944 hour 4 minute 00 P. A. M.

21. I hereby certify that I attended the deceased from July 1943 to Feb 29 1944
 that I last saw him alive on Feb 28 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous pneumonia
 Duration 5 d

Due to Pulm. Pac.

Other conditions Pulm hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
 Of operations BH
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)

While at work? no (Specify type of place) (e) Means of injury
 23. Signature N P Gucke (M. D. or other)
 Address St. Louis Date signed 3-1-44

RECEIVED

District Health Officer No. 4
District File Number 344-358
Date Filed 3-27-44

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.....

Licensed Embalmer No. 3012

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.