

FILED JUL 24 1944

Registration District No. 303

Primary Registration District No. 6196

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Texas Rural - Sherell twp
(b) City or town _____
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas 107
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ma. S. E. of Licking MO
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Harry

3. (b) If veteran, name war Civil 3. (c) Social Security No. 2

4. Sex MO 5. Color or race w 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Rate Harry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 3 1843
(Month) (Day) (Year)

8. AGE: Years 191 Months - Days 14 If less than one day _____ hr _____ min.

9. Birthplace Williamsburg Ohio!
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Charles Harry

13. Birthplace Johnstown Penn!
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth West

15. Birthplace Williamsburg Ohio!
(City, town, or county) (State or foreign country)

16. (a) Informant W. F. Harry

(b) Address Licking MO

17. (a) burial (b) Date thereof 5-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bone Oper Cem

18. (a) Signature of funeral director Smith & Ferguson
(b) Address Licking MO

19. (a) 7/18 - 1944 (b) Shipp in Wilcox
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1944 hour 16 minute - 8 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Old age and
Heart Trouble

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 162 f
Of 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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Leslie Rankin (M. D. or other) _____
Address Licking Date signed 5-15-44

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

107
00

RECEIVED

District Health Officer No. 5

District File Number 744412

Date Filed 7-24-44

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 Ernest E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.