S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1943

Registration District No. 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30979

Primary Registration District No. 5489

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Gilman City Mo Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sugar Creek Twp

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Gilman City Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Sugar Creek Township
(If rural, give location)

(e) Citizen of foreign country? — (~~Yes~~ or No)

If yes, name country —

3. (a) PRINT FULL NAME JERRY HARRISON

3. (b) If veteran, name war World War I

3. (c) Social Security No. 0

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alta M Harrison

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Feb (Month) 23 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	6	8	hr. min.

9. Birthplace Harrison Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name James C Harrison

13. Birthplace Harrison Co Mo (City, town, or county) 0 (State or foreign country)

14. Maiden name Nancy Ellen Elder

15. Birthplace Linn Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Alta M Harrison

(b) Address Gilman City Mo Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Cemetery

18. (a) Signature of funeral director W O Hales

(b) Address Gilman City Mo

19. (a) Sept 16 1944 (Date received local registrar) (b) John M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 31, 1944, to Aug 31, 1944 that I last saw him alive on Aug 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of Injury

23. Signature J C Walker (~~M.D.~~ or other) D.O.

Address Gilman City Mo Date signed 9-5-44

(Licensed Embalmer's Statement on Reverse Side)

303

SEP 27 1944

JAN 13 1945

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 W D Hames, Registered Apprentice No. ....., working under my personal supervision.

Signed W D Hames

Licensed Embalmer No. 942

P. O. Address Gilman City 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.