. S. No. 2
DM—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1944

Registration District No. 227

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31357

Primary Registration District No. 5806

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Monroe Co

(b) City or town Rural - So Fork Tns.
(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 1 (Specify whether
In this community 2½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MONROE 69

(c) City or town RURAL
(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 CROCKETT HARRISON

3. (b) If veteran, name war ✓

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 Florence

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

7. Birth date of deceased 5 (Month) 4 (Day) 70 (Year)

8. AGE: Years 74 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business JOHN F. HARRISON

FATHER
12. Name ~~Crockett Harrison~~
13. Birthplace ~~Centralia Mo~~ Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY BELLE CROCKETT
15. Birthplace CENTRALIA, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant ANNA BELLE Guile
(b) Address 717 E. MONROE, MEXICO, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation ELMWOOD Cem.

18. (a) Signature of funeral director McPheeters Bros.
(b) Address MEXICO, MO

19. (a) 9-28-44 (Date received local registrar) (b) Hayne Gaston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 28 year 1944 hour 2:25 minute P M.

21. I hereby certify that I attended the deceased from Sept. 12, 1944, to Sept. 28, 1944; that I last saw him alive on Sept 25, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	N.K.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

93d

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 F. A. Barnett (M. D. or other) MD

Address PARIS, Mo. Date signed 9-28-44

1374

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1944

RECEIVED
District Health Officer No. 10
District File Number 10-44-1636
Date Filed OCT 3 1944

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: Roy A. McPheeters

Licensed Embalmer No. 1193

P. O. Address Mexico 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.