

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED DEC 16 1944

Registration District No. **240**

Primary Registration District No. **5452**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **RURAL Boone**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **camp**
(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 **77 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **GREENE 39**
(c) City or town **Ash Grove R.T.D.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **Curtis Monroe 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 **Widower**
6. (b) Name of husband or wife **Sindrella Harrison**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **10 16 1961**
(Month) (Day) (Year)

8. AGE: Years **83** Months **1** Days **16**
If less than one day hr. _____ min. _____

9. Birthplace **MO** (City, town, or county) _____ (State or foreign country) _____

MOTHER FATHER

10. Usual occupation **farmer**
11. Industry or business _____
12. Name **Garret Harrison**
13. Birthplace _____ (State or foreign country) _____
14. Maiden name **Lora McFF**
15. Birthplace _____ (State or foreign country) _____

16. (a) Informant **VIRGEL Harrison**
(b) Address **Ash Grove R.T.D. MO**
17. (a) **Burial** (b) Date thereof **11 23 44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Johns Chapple**

18. (a) Signature of funeral director **Morris S Leiman**
(b) Address **Ash Grove MO**
19. (a) **Nov 21, 1944** (b) **J. M. Birch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **20**
year **1944** hour **8** minute **40** P.M.
21. I hereby certify that I attended the deceased from **June 10** 19**44** to **Nov. 20** 19**44**;
that I last saw him alive on **Nov 18** 19**44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**
Due to _____
Due to **162 b**

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **James F. Math** (M. D. or other) _____
Address **Ash Grove, MO** Date signed **11-20-44**

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

3900

RECEIVED

Greene County Health Office,

County File Number 44-12-94

Date Filed 12/14/44

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 Maudie O. Morris

Licensed Embalmer No. 2065

P. O. Address Ash Grove 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.