

FILED FEB 19 1945
Registration District No. **21745**

Primary Registration District No. **30444**

Registrar's No. **1**

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon
(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 Missouri (b) County Miller

(c) City or town Eldon
(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 _____

3. (a) PRINT FULL NAME Osie Jane Harrison

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1945 hour 1 minute A. M.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Cummins Harrison 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 10 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 16 1944 to 1/16 1945;
that I last saw her alive on 1/11/45 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>86</u>	<u>8</u>	<u>5</u>	hr. min.
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Immediate cause of death Chronic Interstitial nephritis Duration 2 days

Due to _____

Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/10

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Castor

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

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? _____ Means of injury _____

16. (a) Informant Bill Rusk

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 1-16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

23. Signature G. D. Waller (M. D. or other)

Address Eldon Mo Date signed 1/17/45

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) Jan 16 45 (b) W. Osprey
(Date received local registrar) (Registrar's signature)

114

RECEIVED

Miller County Health Dep't.

County File Number 45-16

Date Filed 2-5-45

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.....

..... Louis D. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed Louis D. Phillips
Licensed Embalmer No. 3663
P. O. Address Eldon

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.