

S. No. 2  
M-2-43  
7-5-17-39  
X35697

**FILED** **APR 13 1946**  
Registration District No. **4191**

Primary Registration District No. **4191**

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

**1. PLACE OF DEATH:**  
 (a) County Gasconade  
 (b) City or town Gasconade  
(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 35 years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** JOHN ANDREW HARRISON  
**3. (b) If veteran,** name war           
**3. (c) Social Security No.** None

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Sarah Harrison  
**6. (c) Age of husband or wife if alive** 69 years  
**7. Birth date of deceased:** March 18 1878  
(Month) (Day) (Year)

**8. AGE:** Years 68 Months 0 Days 13  
If less than one day hr. min.

**9. Birthplace:** Lewistown Mo  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Retired Laborer

**11. Industry or business:**  
**12. Name:** Unkown  
**13. Birthplace:** Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** Unkown  
**15. Birthplace:** Unkown  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Mrs. John Harrison  
**(b) Address:** Gasconade, Missouri

**17. (a) Burial** **(b) Date thereof:** Apr. 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** Gasconade City Cem.

**18. (a) Signature of funeral director:** Hugo H. Blumer  
**(b) Address:** Hermann, Mo

**19. (a) Date received local registrar:** 4/3/46  
**(b) Registrar's signature:** Orlando A. Mund...

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Gasconade  
 (c) City or town Gasconade  
(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         

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Mar. day 31  
 year 1946 hour 8 minute 32 P.M.

**21. I hereby certify that I attended the deceased from** Aug. 1940 19   to Mar. 31, 1946  
 that I last saw him alive on Mar. 30, 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Cerebral apoplexy

Due to Arteriosclerosis 10 yrs.

Due to           
 Other conditions: Chronic bronchitis  
(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?         

**23. Signature:** W. A. Jeter (M. D. or other)  
**Address:** Hermann, Mo **Date signed:** 4/2/46

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707

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 4-10-46

**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 *August Blumer*  
Licensed Embalmer No. 3160  
P. O. Address Hermann, 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.**