

No. 2
-5-42
-17-39
X32873

FILED APR 10 1946

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether _____)
In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. W Grand River
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MYRTLE HARRELSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1946 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from 5-22-46
to March 23 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lorn Harrelson 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Feb 8 1878
(Month) (Day) (Year)

Immediate cause of death.

pneumonia
obscure
ganglionic

Due to _____

Due to _____

Duration

5 days
25 yrs.

8. AGE: Years 68 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Clinton mo D
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 106

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name John Cashman

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

14. Maiden name Elsie Stamps

15. Birthplace Warsaw mo D
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Harrelson

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 3-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consolus - Per

(b) Address Clinton mo

19. (a) 3-26-46 (b) M. H. Hussey
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature H. J. Powell (M.D. or other) _____
Address Clinton mo Date signed 3/24/46

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

RECEIVED
District Health Officer No. 71
District file number 3-46-339
Date Filed 4-9-46

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 J E Consolmi
Licensed Embalmer No. 1891
P. O. Address Clinton, 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.