

FILED APR 10 1946

State File No.

Registrar's No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 2 Yrs years, months or days)

3. (a) PRINT

FULL NAME James R Harrison

3. (b) If veteran,

name war No

3. (c) Social Security

No No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Lula T. Harrison 6. (c) Age of husband or wife if deceased Deceased
7. Birth date of deceased Jan. 23 (Month) (Day) (Year) 1863

8. AGE: Years Months Days If less than one day
83 1 17 hr. min.

9. Birthplace Johnson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Jessie Harrison
13. Birthplace Not known Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Patsy Grainger
15. Birthplace Johnson Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Harrison

(b) Address Warrensburg

17. (a) Burial (b) Date thereof 3-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo

19. (a) 3-10-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 E Franklin
(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 10
year 1946 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from Feb. 23 1946 to Mar - 10 1946
that I last saw him alive on Mar - 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis
fracture rt hip

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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) Accident
(b) Date of occurrence 23-Feb-46
(c) Where did injury occur? Clinton (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Home (Specify type of place) (c) Means of injury 0

23. Signature J. R. Smith (M. D. or)
Address Clinton, Mo Date signed 11-Mar-46

APR 18 1946

RECEIVED

Report No. 71

3-46-335

4-9-46

Date Filed

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. Earl Priest

Licensed Embalmer No. 3878

P. O. Address. *Warrensburg*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

April
62

Registration District No. 137

Primary Registration District No. 3023

Registrar's No.

1. PLACE OF DEATH:

- (a) County Linn
(b) City or town Clinton
(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)

3. (a) PRINT
FULL NAMEJames R. Harrison

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married,
divorced wid
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if
alive.

7. Birth date of deceased Jan 23 1946
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 18 If less than one day
hr. min.

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

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 10
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death.

Duration

- Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTEDMajor 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) Accident
(b) Date of occurrence 26 Feb - 46
(c) Where did injury occur? Clinton Mo
(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 Fell on floor

23. Signature W. M. ... (M. D. or other)
Address Date signed

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

8109

9182