S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED MAY 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14240

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 131

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 7 mos. 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 94
(c) City or town Kennett 0
(If outside city or town limits, write "RURAL")
(d) Street No. County Farm 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD HARRISON
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male O
5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Louisa Purcell
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased July (Month) 14, (Day) 1856-1857, or 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
87, 88, or 89	8	22	hr. min.

9. Birthplace Texas or Tenn. / (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Wm. Henry Harrison
13. Birthplace Texas (?)/ (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Clara Hamlincoln
15. Birthplace United States (City, town, or county) (State or foreign country)
16. (a) Informant Mildred Jackson
(b) Address Route #1, Box 388, LaPorte, Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cem., Farmington, Mo.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 4-15-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1946 hour 1 minute 35 P. M.
21. I hereby certify that I attended the deceased from Sept. 5, 1938, 19 to April 6, 1946, 19; that I last saw him alive on April 6, 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Uterine cancer
Generalized mt. cancer

Due to

Due to Cerebral arteriosclerosis

Other conditions Psychosis with (Include pregnancy within 3 months of death) -10 yrs.

Major findings:
Of operations

Of autopsy No autopsy.

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James T. Hoctor (M. D. or other)
Address Farmington, Mo. Date signed 4/6/46

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

14 0 0

13140

289

(Licensed Embalmer's Statement on Reverse Side)

CEIVED

ict Health Officer No. 4

ict File Number 546-2112

Date Filed 5-8-46

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 C H Cozian

Licensed Embalmer No. 4084

P. O. Address Farmington 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.