

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **16997**

Registration District No. **156** Primary Registration District No. **9001** Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
St. John's Hospital
(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 **Jasper**

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

(d) Street No. **129 Patterson**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Jerry Gordon Harrison**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 16, 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Joplin Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business

12. Name **John Gordon Harrison**

13. Birthplace **Purcell Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Bernice Underhill**

15. Birthplace **Dallas County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. John G. Harrison**

(b) Address **129 Patterson, Joplin Mo.**

17. (a) **Burial** (b) Date thereof **4-20-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Exel**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) **4-25-46** (b) **Ed [Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18** year **1946** hour **9** minute **16 P.M.**

21. I hereby certify that I attended the deceased from **16 April**, 19**46**, to **18 April**, 19**46**;
that I last saw him alive on **18th April**, 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial failure & pulmonary edema 10 hrs.

Due to **congenital heart disease** 2 days

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

1572

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? _____

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

23. Signature **[Signature]** (M. D. or other) _____

Address **Joplin, Mo.** Date signed **20 Apr. 46**

46-4-376

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.