S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

15971

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17030

Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Rural, Rose Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Two and ½ miles S.E. of La Tour
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town La Tour, Missouri (If outside city or town limits, write "RURAL") Rural

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Elliott Jenkins 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 Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased June (Month) 16 (Day), 1943 (Year)

8. AGE: Years 2 Months 11 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Fred Harrison
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ruby Elliott
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Fred Harrison
(b) Address LaTour, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, '46 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director A. Rich Kauffman
(b) Address Garden City, Missouri

19. (a) May 20, 1946 (Date received local registrar) Mrs. L. V. Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from April 26, 1946, to May 17, 1946 that I last saw him alive on May 17, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ileus Paralyticus	
Due to: Mongolism	
Due to:	
Other conditions (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) X

(b) Date of occurrence X

(c) Where did injury occur? X (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 Frank B. Ellis (M. D.) M.D.
Address Ellis Building Clayton City, Missouri Date signed May 15, 1946

(Licensed Embalmer's Statement on Reverse Side)

May I have the permit this afternoon & I'll come up.
Bob S.

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, &c&c.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. Ruth Kauffman

Licensed Embalmer No. 4001

P. O. Address Garden City, Missouri

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.