

FILED 294 22 1946

Registration District No.

Primary Registration District No. 6025

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Black
(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
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90
(c) City or town Black
(If outside city or town limits, write "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 Mary Ellen Harrison

3. (b) If veteran, name war no
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Wilson Harrison 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept. 15 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	25	hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER } 12. Name Richard Barnes
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wilson Harrison

(b) Address Black Missouri

17. (a) burial (b) Date thereof 6-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address 9746 Ironton Missouri

19. (a) 2713/46 (b) E. Matijovich
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1946 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 1, 1946, to June 10, 1946, that I last saw her alive on June 10, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Cortic insufficiency 10 yrs
Duration

Due to

Due to

Other conditions: Asthenia, Spasmodic Bronchitis

Major findings: Of operation

Of autopsy: 920

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) (Specify time of day) (Specify means of injury)

23. Signature: E. Matijovich (M. D. or other) Date signed: 6/13/46

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

RECEIVED

District Health Officer No. 5,

District File Number 746421

Date Filed 7-17-46

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 Archie White

Licensed Embalmer No. 3012

P. O. Address Proctor, N.H.

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.