

Registration District No. **59** Primary Registration District No. **4097** Registrar's No. **74**

**1. PLACE OF DEATH:**  
 (a) County **Cass 9**  
 (b) City or town **Harrisonville 9**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **4 yr**  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Cass 19**  
 (c) City or town **Harrisonville 1**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1000 W. Mechanics**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **JOHN ELLIOTT HAMBRIGHT III**  
 3. (b) If veteran,  name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May** day **16**  
 year **1947** hour **6** minute **8** M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_  
 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

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 **Jan 29 1943**  
(Month) (Day) (Year)

Immediate cause of death **accidental asphyxiation**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**8. AGE:** Years **4** Months **3** Days **18**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
**9. Birthplace** **Harrisonville Mo 0**  
(City, town, or county) (State or foreign country)

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) **accident 19**  
 (b) Date of occurrence **May 16 1947**  
 (c) Where did injury occur? **Harrisonville Cass Mo**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Center at house**  
(Specify type of place)  
 While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

**10. Usual occupation** \_\_\_\_\_  
**11. Industry or business** \_\_\_\_\_  
**12. Name** **J. C. Hambright Jr.**  
**13. Birthplace** **Cass Mo 0**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Betty M. Robertson**  
**15. Birthplace** **Okla 1**  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** **J. C. Hambright Jr.**  
**(b) Address** **Harrisonville**  
**17. (a) Burial** **orient cemetery** (b) Date thereof **May 18 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**18. (a) Signature of funeral director** **RUNNENBURGER'S**  
**(b) Address** **HARRISONVILLE, MO**  
**19. (a) May 19 1947** (Date received local registrar)  
**(b) Anna J. Jones** (Registrar's signature)

**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
**23. Signature** **E. W. Griffith** (M. D. or other) \_\_\_\_\_  
**Address** **Harrisonville** **Date signed** **May 19 1947**

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

MOTHER FATHER

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**