

1. PLACE OF DEATH:  
Case  
(a) County Harrisonville  
(b) City or town Harrisonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community 1 day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME David Russell Outon

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 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased: June 11 1947  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	<u>hr.</u> <u>min.</u>

9. Birthplace: Harrisonville  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Russell Outon  
13. Birthplace Harrisonville, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name HARRIETT DEVER  
15. Birthplace Pleasant Hill, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Outon  
(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof 6-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield  
(b) Address Pleasant Hill, Mo.

19. (a) June 14-1947 (b) James J. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State 0 (b) County 0 19  
(c) City or town 0 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1947 hour 5:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 11 June 47  
to 11 June 47 1947  
that I last saw him alive on 11 June 47 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure  
Due to: Myocardial infarction  
with congenital defects  
Duration 9 hrs

Other conditions: clapnetic clubfoot  
(Include pregnancy within 3 months of death)  
spina bifida

Major findings: 15712  
Of operations \_\_\_\_\_  
Of autopsy None performed

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) None  
(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 AW Ethelred (M. D. or other) MD  
Address Pleasant Hill, Mo Date signed 6-12-47

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

**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.....

*Not Embalmed*....., 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.**