

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26966

State File No. _____

FILED AUG 29 1947

Registration District No. _____

Primary Registration District No. 5173

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural - Summit Jwp
(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 _____ (Specify whether _____)

In this community 3 yrs (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway

(c) City or town Rural - South New Bloomf
(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 ARYIN Z. HARRYMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from May 1 1947 to Aug 19 1947 that I last saw him alive on Aug 19 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec 23 1891
(Month) (Day) (Year)

Immediate cause of death Carcinome of Brain

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 54 B

8. AGE: Years 55 Months 7 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Conway (City, town, or county) MO. (State or foreign country)

10. Usual occupation _____

11. Industry or business Carrying & Produce Busn

12. Name Charles Henry Harryman

13. Birthplace _____ (City, town, or county) Ill. (State or foreign country)

14. Maiden name LINDIE HARRIS

15. Birthplace _____ (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs. A. T. Harryman

(b) Address W. S. Summit Mo. R. F. D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-47
(Month) (Day) (Year)

(c) Place: burial or cremation Threeview Cem. Totopano

18. (a) Signature of funeral director Ray A. Holt

(b) Address New Bloomf. Mo

19. (a) Aug 20-47 (Data received local registrar) (b) Delroy Clays (Registrar's signature)

Major findings: _____

Of operations: _____

Of autopsy: _____

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 E. M. Rusk (M. D. or other) _____

Address New Bloomf. Mo Date signed Aug 21 1947

Duration 17em

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

DEC 12 1947

RECEIVED
District Health Officer No. 9,
District File Number
AUG 28 1947
Date Filed

MAY 27 1955
DEC 23 1957

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 Le Roy Claypool
Licensed Embalmer No. 4412
P. O. Address New Bloomfield

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.