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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27496**
Registrar's No. **60**

Registration District No. **133** Primary Registration District No. **5489**

1. PLACE OF DEATH:

(a) County **Harrison**

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

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none** (Specify whether)

In this community **69** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Carson H HARRISON**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **male** **5. Color or race** **white**

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

6. (b) Name of husband or wife **Carrie E.** **6. (c) Age of husband or wife if alive** **66** years

7. Birth date of deceased **June 1, 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	0	hr. min.

9. Birthplace **Harrison County, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **X**

MOTHER FATHER

12. Name **James Harrison**

13. Birthplace **Harrison County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy E. Elder**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carrie E. Harrison**

(b) Address **Gilman City, Mo.**

17. (a) Burial **(b) Date thereof Aug. 3, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springer Chapel**

18. (a) Signature of funeral director **MB Haas**

(b) Address **Bethany, Missouri.**

19. (a) Aug 4-47 **(b) John Burris**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison** **41**

(c) City or town **Gilman City, Rural** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **North 6 miles** **0**
(If rural, give location)

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

If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug 1** day **1947** hour **9:35** minute **am**

21. I hereby certify that I attended the deceased from **Aug 1, 1947**
7 am **19** **Aug 1, 1947** **9:35 am**

that I last saw him alive on **Aug 1, 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to **Hypertension**

Due to **Atherosclerosis**
Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **15 110**

Of autopsy **10**

Duration

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)

(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 **John Burris** (Date of signature) **Aug 2/47**

Address **Bethany, Mo.** (City or town) (County) (State)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

M. B. Haas

M. B. Haas

Licensed Embalmer No. **3899**

P. O. Address **Bethany, Mo.**

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.