S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33729

FILED NOV 3 1947

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1280

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week
In this community: 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1214 So. 11th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EDWARD HARRISON
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Nettie
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: March (Month) 15, (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	7	7	hr. min.

9. Birthplace: Nashville, (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Brown Tranfer Co.
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Welfare Board records
(b) Address: 10th & Olive Sts., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation: ST. JOSEPH CITY CEMETERY
18. (a) Signature of funeral director: John E. Kipp
(b) Address: 6054 Pryor Ave., City
19. (a) 10-30-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22, year 1947 hour 8 minute 29 P. M.
21. I hereby certify that I attended the deceased from 10-18-47, 19..., to 10-22-47, 19..., that I last saw him alive on 10-22-47, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	1/2 hr.
Bronchiectasis	
xxx Inter stitial Pneumonitis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury
23. Signature: Oran W. N. Gary (M. D. or other)
Address: 405 Frederick Bldg. Date signed: 27 Oct 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Roland D. Clark Registered Apprentice No. 503 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.