S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40514

FILED NOV 25 1947

Registration District No. 347

Primary Registration District No. 6076

Registrar's No. 2394

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wayne
(c) City or town Greenville
(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 HARRELSON, William O.
3. (b) If veteran, name war SPANISH-AMERICAN
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 Rosa Harrelson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 25 (Day) 1874 (Year)

8. AGE: Years 73 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Silva, Mo.
18. (a) Signature of funeral director A.H.Hoppe,
(b) Address 4700 Washington, St.Louis, Mo.
19. (a) 11-21-47 (Date received local registrar) (b) Cecilia Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1947 hour 7:50 minute A M.
21. I hereby certify that I attended the deceased from November 11, 1947 to November 19, 1947; that I last saw him alive on November 19, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHO PNEUMONIA BILATERAL, CONFLUENT.

Due to Coronary arterio sclerosis with narrowing. Duodenal ulcer XXXX healed myocardial infarction

Other conditions 117 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of Death)

Duration: Unk

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) 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? (Specify type of place)
While at work? Means of injury
23. Signature L.E.Stilwell (M. D.)
Address V.A.Hosp. Jeff.Brks.Mo. Date signed 11/19/47

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.....

....., 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.