V. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1948

Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11883

Primary Registration District No. 4134

Registrar's No. 35

24 0 0

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Smithville
(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 years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Smithville 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 None

3. (a) PRINT FULL NAME THEODORE HARRISON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE 0

5. Color or race White

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

6. (b) Name of husband or wife EUNICE E HARRISON

6. (c) Age of ~~husband or~~ wife if alive 67 years

7. Birth date of deceased JUNE (Month) 3 (Day) 1878 (Year)

8. AGE: Years 69 | Months 10 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace Not Known (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Pool Hall operator

11. Industry or business OWNER + OPERATOR AS ABOVE

FATHER
12. Name William HARRISON
13. Birthplace — (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name SARAH Not Known
15. Birthplace Not Known (City, town, or county) 0 (State or foreign country)

16. (a) Informant MRS. EUNICE E. HARRISON
(b) Address Smithville, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 7, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Missouri

18. (a) Signature of funeral director McLomas Funeral Home
(b) Address Smithville, Missouri

19. (a) April 7-48 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1948 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1946, to April 6, 1948; that I last saw him alive on April 6, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate — *Duration*

Due to — *Duration*

Due to — *Duration*

Other conditions (Include pregnancy within 3 months of death) — *Duration*

Major findings:
Of operations
Of autopsy 5/B

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address Smithville Date signed 4/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 4-30-48

MAY 7 1948

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 ditto

ditto, Registered Apprentice No. ditto

working under my personal supervision.

Signed Owen J. Boggan Jr.

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.