

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18906

FILED JUN 26 1948

Registration District No. 52

Primary Registration District No. 5225

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Garden City (Rural)
(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 30 years, months or days

3. (a) PRINT FULL NAME Virginia Alma Harrison

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Egna Harrison

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 6 3 18 84
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>11</u>	<u>27</u>	_____ hr. _____ min.

9. Birthplace Garden City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Jessie Ann Harrison

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

14. Maiden name Virginia M. Harrison

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

16. (a) Informant Mr. Egna Harrison

(b) Address Garden City, Missouri

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 6 1 48
(Month) (Day) (Year)

(c) Place: burial or cremation Garden City, Mo.

18. (a) Signature of funeral director William C. Jones

(b) Address Garden City, Missouri

19. June 19, 1948 (Date received local registrar) Rubra J. Jones (Registrar's signature) 51

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass ¹⁹

(c) City or town Garden City, Indey Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1948 hour 4 minute _____ A.M.

21. I hereby certify that I attended the deceased from May 30, 1948, to May 30, 1948

that I last saw h. alive on May 30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Carcinoma of uterus

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations H&B

Of autopsy _____

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? L

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Rubra J. Jones (M. D. or other) RD

Address Garden City Date signed Mo

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

MOTHER FATHER

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 Floyd Atkinson
Licensed Embalmer No. 3920
P. O. Address Harrisonville

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.