No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 25 1948
Registration District No. 2

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20191

Primary Registration District No. 4339

Registrar's No. 33

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 682 N. WASHINGTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 DA.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State IOWA (b) County 999
(c) City or town SIOUX CITY 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2208 HAMILTON 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 20
If yes, name country ✓

3. (a) PRINT FULL NAME CORA MAY HARRISON
3. (b) If veteran, name war ✓
3. (c) Social Security No. 483-09-6646
4. Sex FEMALE 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife GUS HARRISON
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased DEC. (Month) 25 (Day) 1870 (Year)

8. AGE: Years 77 Months 5 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace PARIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation MAID
11. Industry or business RETAIL DEPT. STORE.
FATHER
12. Name N.K. 9
13. Birthplace N.K. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name AMY LASLEY 0
15. Birthplace PARIS, (City, town, or county) MO. (State or foreign country)
16. (a) Informant Mrs Betty Mae Kipper
(b) Address PARIS, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation SIOUX CITY, IOWA
18. (a) Signature of funeral director Speed & Blakey
(b) Address PARIS, MO.
19. (a) 6-20-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) 205

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 20, 1948, to June 20, 1948
that I last saw her alive on June 20th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy — Duration 4 H
Due to cardiac decompensation
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
932

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) 2
While at work? (e) Means of injury
23. Signature Nellie S. Christman (M.D. or other)
Address PARIS, MO. Date signed 6-20-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1948

RECEIVED
District Health Officer No. 10
District File Number 6-48-1114
Date Filed JUN 24 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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed E H Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.