S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26783

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County ~~McDonald~~ ~~Newton~~ Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 1 week (Specify whether
In this community less than a month years, months or days)

2. USUAL RESIDENCE OF DECEASED: McDonald
(a) State Mo (b) County ~~McKintosh~~
(c) City or town ~~Joplin~~ Tiff City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Close to Southwest City, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Harrison
3. (b) If veteran, name war ✓ no
3. (c) Social Security No. ✓
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 3. (Month) (Day) 1870 (Year)

8. AGE: Years 77 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Harrison Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation farmer
11. Industry or business farming
FATHER
12. Name Thomas Harrison
13. Birthplace Harrison Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cherry Creason
15. Birthplace Harrison Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Wm Harrison
(b) Address Jay R.R. Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 17 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Council House
18. (a) Signature of funeral director H E Worley
(b) Address Grove Oklahoma
19. (a) 8-17-48 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 14 year 1948 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from , 19 , to Aug 14 1948; that I last saw him alive on Aug 14 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	36 hrs
Due to Stones Urinary Bladder Several kidney infections	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations Two large bladder stones
Of autopsy not done

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

23. Signature P M Walker (M. D. or other)
Address Joplin Mo Date signed 8-14-48

(Licensed Embalmer's Statement on Reverse Side)

48-8-722

STATEMENT BY LICENSED EMBALMER
Embalmed in Oklahoma

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by H.E.Worley, Registered Apprentice No. _____, working under my personal supervision.

Signed H E Worley Jr

Licensed Embalmer No. 827

P. O. Address Grove, Okla

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.