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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27100

Registration District No. 230 Primary Registration District No. 5810 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Cole Montgomery
(b) City or town Eastern Twp. A Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri State Penitentiary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 70
(c) City or town St Louis City
(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

3. (a) PRINT FULL NAME Arthur Lee Harrison

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 27 (Day) 1920 (Year)

8. AGE: Years 28 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 7
10. Usual occupation
11. Industry or business Unknown 9

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 11
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 30 (Day) 1948 (Year)
(c) Place: burial or cremation Montgomery City Cemetery
18. (a) Signature of funeral director Schlanker Mortuary
(b) Address Montgomery City, Mo.
19. (a) Aug. 20-1948 (Date received local registrar) (b) Mrs. Nana Lee Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19th
year 1948 hour minute M.

21. I hereby certify that I am [illegible] deceased [illegible] Viewed
29 July 1948 at 7:15 PM
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning

Due to

Due to Body Tissues decomposed

Other conditions CNL
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 183 36

Duration

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) accident
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) 70
(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 3

23. Signature Clement W Burnett (M. D. or other) Coroner
Address Montgomery City Mo Date signed 29 July 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed.....

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.

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State File No. 27100

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 10

1. PLACE OF DEATH:

(a) County .....

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County .....

(c) City or town St Louis City
(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 .....

3. (a) PRINT FULL NAME Arthur L. Garrison

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M | 5. Color or race B | 6. (a) Single, widowed, married, divorced Nick

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

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

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

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month ..... day .....
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from .....
..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....

Address ..... Date signed .....

SUPPLEMENTARY

Information given by MO State Penitentiary 9-24-48

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

1948
S-27100