. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
Original Office of Vital Statistics

FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30165

Registration District No. 155 | Primary Registration District No. 5579 | Registrar's No. 150

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Purcell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Box holder
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Purcell 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box holder 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TYRE NEWTON HARRISON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ann Harrison
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 29 (Day) 1875 (Year)

8. AGE: Years 72 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Miner
11. Industry or business
FATHER
12. Name John Harrison
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Eliza Haines
15. Birthplace (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Widow Ann Harrison
(b) Address Purcell, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Friends Cemetery
18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Missouri
19. (a) OCT. 5. 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1948 hour 6 minute 6 P.M.

21. I hereby certify that I attended the deceased from 9-6-48, 19, to 10-3-48, 19; that I last saw him alive on Oct. 3, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Due to Paralysis of muscles of respiration
Due to Progressive Bulbar Paralysis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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)
While at work? (e) Means of injury
23. Signature [signature] M. D. or other DO
Address Lyndon Bldg. Webb City, Mo. Date signed 10-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-10-838

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 Richard Gray Lewis

Licensed Embalmer No. [illegible]

P. O. Address Webb City 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.