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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32294

FILED NOV 8 1948

Registration District No. 389 Primary Registration District No. 5227 Registrar's No. 198

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

19
8

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural - Peculiar Twp
(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 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mi North Harrisonville
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Ernest Loyd Harrisan

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-03-9938

4. Sex Male D

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec 27 - 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	5	hr. min.

9. Birthplace Johnson Co Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation Grain Dealer + Farm Manager

11. Industry or business

FATHER
12. Name Harvey Harrisonville
13. Birthplace ✓ Mo D
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Loyd
15. Birthplace ✓ Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia W. Harrison
(b) Address Harrisonville Mo

17. (a) Rural (b) Date thereof Nov 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) Nov. 3 - 1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1948 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from JAN 1, 1940, to 11 - 2 -, 1948
that I last saw him alive on 11 - 2 -, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC INTERSTITIAL NEPHRITIS	
Due to ARTERIOSCLEROSIS	
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 [signature] (M. D. or other)

Address Harrisonville Mo Date signed 11-3-48

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Dr. L

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1943

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 Ernest Rennenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.