

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30308

State File No. _____

Registrar's No. **3670**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3670	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll			
b. CITY OR TOWN Hanson City		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Carrollton Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hosp				d. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED (Type or Print) ROBERT RUSSELL			b. (Middle) (3)		c. (Last) HARRISON		4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 2, 1906		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck operator		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (State or foreign country) Carroll Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Harrison		13b. MOTHER'S MAIDEN NAME Mora Moran		14. NAME OF HUSBAND OR WIFE Lillian Harrison			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lillian Harrison ADDRESS Carrollton Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIO-RENAL Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic tonsillitis & Rheumatism 1 yr.				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Operation (tonsillectomy) not performed				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Aug 3 , 19 49 , to Aug 26 , 19 49 , that I last saw the deceased alive on Aug 26, 1949 , and that death occurred at 9:24 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE John S. Knight M.D. (Degree or title)				23b. ADDRESS 11039 Grand Ave KCMo		23c. DATE SIGNED 8-26-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 26-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Carrollton Missouri	
DATE REC'D BY LOCAL REG. 8-26-49		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mr. C.L. Forster ADDRESS K.C. Mo			

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

Prof. Reddy -
No. 2440 -
2:10 pm

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Theron R. Redmon

Signed
Student Embalmer

Licensed Embalmer No. 2737

P. O. Address H.L. 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.