

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4185 Registrar's No. 547

036

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHAIR MO.</u>		c. CITY OR TOWN <u>ST. CHAIR</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>NONE</u>			
e. STREET ADDRESS (If rural, give location)			

03610

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>A.</u> c. (Last) <u>HARRISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3-8-75</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>14</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JOHN P. HARRISON</u>		13b. MOTHER'S MAIDEN NAME <u>IDA PIKE</u>		14. NAME OF HUSBAND OR WIFE <u>ESTHER B. HARRISON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Esther B. Harrison</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Atherosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>		<u>years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11-17-55</u> to <u>11-22-55</u> , that I last saw the deceased alive on <u>11-17-55</u> , and that death occurred at _____ m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>W. E. McNeill Jr. M.D.</u>		23b. ADDRESS <u>St. Clair Mo</u>		23c. DATE SIGNED <u>11-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bell Franklin Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>					

DATE REC'D BY LOCAL REG. <u>11-25-55</u>		REGISTRAR'S SIGNATURE <u>Floyd Williams</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. E. McNeill St. Clair Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..

Student.....
Signature of Student Embalmer

Signed *Sherwood W. Kitchell*

Licensed Embalmer No. *3897*

P. O. Address *St. Clair*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.