VS ,	JAN 1 9 <b>1960</b>			,		1.4	STATE EUR AU	IMPER
-	Registration District No.	297 Prin	nary Registration	n District No 6	22 Registrar's No.	10	STATE FILE NO	JAMBER
-	1. PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where decea	sed lived. If institution:	Residence before
	a. COUNTY	Ray			a. STATE Miss	ouri b. cou	INTY Ray	admission)
_	b. CITY (If outside	corporate limits, give TOWN	SHIP only)	Length of stay in		<del>-</del>		Inside Limits
İ	TOWN	Richmond Town	ship	10 yrs.	TÖŴN Pálo	hmond		Yes 🗆 No 🔯
_	c. FULL NAME OF (I HOSPITAL OR	If NOT in hospital, give loca	tion)	Inside Limit	d. STREET ADDRESS	(If c	utside, give location)	Reside on Farm
l _	institution 3	miles SW of R	ichmond	Yes ☐ No	k 3 i	iles SW-c	of Richmond	Yes 🔯 No 🗆
_	3. NAME OF DECEASE	D First		Middle	Last	4. DATE	Month Day	Year
	(Type or print)	FORREST		DEWITT	HARRISON	OF DEATH	Jan. 10, 1960	
-	5. <b>\$EX</b>	6. COLOR OR RACE	7. Married			9. AGE (last b	rthday) IF UNDER 1 YEAR	IF UNDER 24 HE
	Male	White	Widowed	_	_	67	Months Days	Hours Min.
7	10a. USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF	BUSINESS OR INDU	TRY TI. BIRTHPLACE (		country) 12. CITIZEN OF	WHAT COUNTRY
	during most of warl	king life, even if refired) entistry	Denti	i a+	Oklahoma 1		U.S.A.	
7	13a. FATHER'S NAME	encisory		AOTHER'S MAIDEN N			ME OF HUSBAND OR WIFE	
	Albert C. 1	Harrison	Am	na Kirkpatı	rick	Max	ry Akers	
7	IS WAS DECEASED EV	FR IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO			Address	
(	(Yeshno, or unknown) (	If yes, give war or dates of	service) 1.06	5-44-4814	Mrs. Mary	Akers Ha	rrison. Richmo	ond. Mo.
-								
	18. CAUSE OF DEATH (Enter only one cause per line for (a), and (c). PART I. DEATH WAS CAUSED BY:					0	NSET AND DEATH	
	IMMEDIATE CAUSE (a)			·		<u>10 year</u>		
								Ø
	Condit which	tions, if any, DUE TO (b	»)	_ <i></i>		<u>-</u>		
	above	cause (a), the under-						
	lying	DUE TO A	-1					
		cause last. DUE TO (					r <del></del>	
Ž O		II. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DE	ATH but not related to	the terminal	PART III. If deceased there a pregna	was female wa
CATION			ONDITIONS CO	ONTRIBUTING TO DE	ATH but not related to	the terminal	there a pregna	ncy in last 90 day:
<b>TIFICATION</b>		II. OTHER SIGNIFICANT C disease condition given	ONDITIONS CO in PART I (e)				there a pregna	ncy in last 90 day: No Unknow
CERTIFICATION	PART  19. WAS AUTOPSY PERFORMED?	II. OTHER SIGNIFICANT C	ONDITIONS CO in PART I (e)				there a pregna	ncy in last 90 day: No Unknow
	PART  19. WAS AUTOPSY PERFORMED? YES   NO [3]	II. OTHER SIGNIFICANT C disease condition given 200. ACCIDENT SUICID	ONDITIONS CO				there a pregna	ncy in last 90 day: No Unknow
3	19. WAS AUTOPSY PERFORMED? YES NO CY  20c. TIME OF HO INJURY a.m	II. OTHER SIGNIFICANT C disease condition given   20e. ACCIDENT SUICID   When the suit of	ONDITIONS CO				there a pregna	ncy in last 90 day: No Unknow
MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO 100 20c. TIME OF Ho. INJURY a.m	20e. ACCIDENT SUICID	ONDITIONS CO	20b. DESCRIBE	HOW INJURY OCCURRED	). (Enter nature of	there a pregna	ncy in last 90 day No Unknow of item 18.)
₹	19. WAS AUTOPSY PERFORMED? YES IN O IN  20c. TIME OF Ho INJURY A.H P.H  20d. INJURY OCCUR WHILE AT WOR	II. OTHER SIGNIFICANT C disease condition given    20e. ACCIDENT SUICID    When the condition of the conditi	ONDITIONS CO		HOW INJURY OCCURRED	). (Enter nature of	there a pregna	ncy in last 90 day
S	19. WAS AUTOPSY PERFORMED? YES NO INJURY OCCUR 20d. INJURY OCCUR	II. OTHER SIGNIFICANT C disease condition given    20e. ACCIDENT SUICID    When the condition of the conditi	ONDITIONS CO	20b, DESCRIBE	HOW INJURY OCCURRED	). (Enter nature of	there a pregna	ncy in last 90 day No Unknow of item 18.)
S	19. WAS AUTOPSY PERFORMED? YES IN O IN  20c. TIME OF Ho INJURY A.H P.H  20d. INJURY OCCUR WHILE AT WOR	20e. ACCIDENT SUICID  When Month, Day, Year  RED  WORK   20e. PLACE	ONDITIONS CO	20b, DESCRIBE	20f. CITY, TOWN, OR	). (Enter nature of	there a pregna	ncy in lest 90 day No Unknow of item 18.)
SAL	19. WAS AUTOPSY PERFORMED? YES IN O ST  20c. TIME OF Ho INJURY OCCUR WHILE AT WOR NOT WHILE AT	II. OTHER SIGNIFICANT C disease condition given    20e. ACCIDENT SUICID    W Month, Day, Year    No.    RED   20e. PLACE    WORK	ONDITIONS CO	20b. DESCRIBE g., in or about home, ffice bidg., etc.)	20f. CITY, TOWN, OR	CENTER NATURE OF	there a pregna	ncy in last 90 day No Unknow of item 18.)
3	19. WAS AUTOPSY PERFORMED? YES □ NO IQ  20c. TIME OF Ho INJURY OCCUR WHILE AT WOR NOT WHILE AT  21. I attended the occurred	II. OTHER SIGNIFICANT C disease condition given    20e. ACCIDENT SUICID    When the condition of the condition given    20e. ACCIDENT SUICID    When the condition of the condit	ONDITIONS CO	20b, DESCRIBE g., in or about home, ffice bidg., etc.)	20f. CITY, TOWN, OR	CENTER NATURE OF	there a pregne   Yes       Yes       Injury in PART I or PART I  COUNTY	No Unknow of item 18.)  STATE
S	19. WAS AUTOPSY PERFORMED? YES IN O ST  20c. TIME OF Ho INJURY OCCUR WHILE AT WOR NOT WHILE AT	II. OTHER SIGNIFICANT C disease condition given    20e. ACCIDENT SUICID    When the condition of the condition given    20e. ACCIDENT SUICID    When the condition of the condit	ONDITIONS CO	20b, DESCRIBE g., in or about home, ffice bidg., etc.)	20f. CITY, TOWN, OR the date stated above, a	CENTER NATURE OF	there a pregne   Yes       Yes       Injury in PART I or PART I  COUNTY	No Unknow of item 18.)
WEDICAL	PART  19. WAS AUTOPSY PERFORMED? YES □ NO IQ  20c. TIME OF Ho INJURY A.m P.m  20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT  21. I attended the of Death occurred	II. OTHER SIGNIFICANT C disease condition given    20a. ACCIDENT SUICID    When the condition of the conditi	ONDITIONS CO in PART t (a)  E HOMICIDE  OF INJURY (e.g. actory, street, o	20b. DESCRIBE  g., in or about home, ffice bidg., etc.)  115 8 m on	20f. CITY, TOWN, OR the date stated above, a	LOCATION  deleast saw himelined to the best of	COUNTY  COUNTY  Te on	No Unknow of item 18.)  STATE  STATE  22c. DATE SIGNE
MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO CY  20c. TIME OF Holinium INJURY OCCUR WHILE AT WORN NOT WHILE AT  21. I attended the compatible of the coursed  22a. SIGNATURE  3a. BURNAL, CREMATION REMOVAL (Specify)	II. OTHER SIGNIFICANT C disease condition given in the disease condition given give	ONDITIONS CO in PART t (e)  E HOMICIDE  OF INJURY (e.g. actory, street, o	20b. DESCRIBE  g., in or about home, ffice bidg., etc.)  115 a. m on	20f. CITY, TOWN, OR the date stated above, or created above, or cr	LOCATION  d last saw him alinate to the best of the control of the	COUNTY	No Unknow of item 18.)  STATE
MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO IQ  20c. TIME OF Ho INJURY A P  20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT  21. I attended the c Death occurred  22a. SIGNATURE  33a. BURIAL, CREMATION REMOVAL (Specify) Burial	II. OTHER SIGNIFICANT C disease condition given when the condition given with the condition given when the condition given given when the condition given gi	ONDITIONS CO in PART I (a)  E HOMICIDE  OF INJURY (e.g. actory, street, o	20b. DESCRIBE  g., in or about home, ffice bldg., etc.)  145 A. m on  E OF CEMETERY OR G  y Slope Ce	20f. CITY, TOWN, OR the date stated above, or 22b. MDORBSS REMATORY	LOCATION  d last saw him elimand to the best of the last saw him elimand to the control (Richmond,	COUNTY   No Unknow of item 18.)  STATE  STATE  22c. DATE SIGNE	
. MEDICAL	19. WAS AUTOPSY PERFORMED? YES IN O KY  20c. TIME OF Ho INJURY A.T.  20d. INJURY OCCUR WHILE AT WOR NOT WHILE AT  21. I attended the or Death occurred  22a. SIGNATURE  23a. BURIAL, CREMATION REMOVAL (Specify)  BUTIAL  4. FUNERAL DIRECTOR	II. OTHER SIGNIFICANT C disease condition given when the condition given with the condition given when the condition given given when the condition given gi	ONDITIONS COIN PART 1 (e)  E HOMICIDE  OF INJURY (e.s. actory, street, o	20b. DESCRIBE  g., in or about home, ffice bidg., etc.)  115 a. m on  E OF CEMETERY OR G  y Slope Ce  25. C	20f. CITY, TOWN, OR the date stated above, or created above, or cr	LOCATION  d last saw him elimand to the best of the last saw him elimand to the control (Richmond,	COUNTY	No Unknow of item 18.)  STATE  STATE  22c. DATE SIGNE

## TATEMENT DV LICENSED EMDALMED

	. •
I hereby certify that the body whose name i	is recorded on the reverse side of this certificate was embalmed
xoroxbey	, Student Embalmer No
working under my personal supervision.	0
Student	Signed Levant Thurman
Signature of Student Embalmer	•

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conwith the above constitutes grounds for revocation of license).

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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.