

S. No. 2  
 OM-2-43  
 v. 5-17-39  
 I X35597

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

**FILED JUN 5 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **16451**

Registration District No. **137**

Primary Registration District No. **3023**

Registrar's No. **98**

**1. PLACE OF DEATH:**  
 (a) County **HENRY**  
 (b) City or town **CLINTON**  
 (c) Name of hospital or institution: **GENERAL HOSPITAL**  
 (d) Length of stay: In hospital or institution **14 months**  
 In this community **14 months**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MO.** (b) County **HENRY**  
 (c) City or town **Montrose Mo.**  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? **NO**

**3. (a) PRINT FULL NAME** **JAMES G. HARRISON**  
 3. (b) If veteran, name war **NONE**  
 3. (c) Social Security No. **NONE**

4. Sex **M.** 5. Color or race **W.**  
 6. (a) Single, married, divorced, **WIDOWED**  
 6. (b) Name of husband or wife **ROSA B LONG**  
 6. (c) Age of husband or wife if alive **DEAD** years  
 7. Birth date of deceased **SEPT. 30 1877**

**8. AGE:** Years **68** Months **7** Days **14**  
 If less than one day hr. min.

9. Birthplace **MONTROSE MO.**

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name **JOHN HARRISON**  
 13. Birthplace **HENRY CO.**  
 14. Maiden name **ANNIE FINGLEGE**  
 15. Birthplace **CLINTON MO.**

16. (a) Informant **Habet Harrison**  
 (b) Address **Wich. Mo. Rt. 4**

17. (a) **Burial** (b) Date thereof **May 16 46**  
 (c) Place: burial or cremation **White Oak Cem.**

18. (a) Signature of funeral director **J. J. Gausant**  
 (b) Address **Clinton Mo.**

19. (a) **5-15-1946** (b) **R. R. Kemyly**

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **may** day **14** year **1946** hour **2:20** minute **P.** M.  
 21. I hereby certify that I attended the deceased from **March 1 - 1946** to **May 14 1946**  
 that I last saw him alive on **5-14-1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**  
 Due to **Hypertension & Chronic Myocarditis**  
 Other conditions \_\_\_\_\_  
 Major findings: Of operations **gbc**  
 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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **H. S. Walpus** (M. D. or other) **MD**  
 Address **Clinton Mo.** Date signed **5-15-46**

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

15336

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 7  
District No. 5-46-496  
Date Filed 6-4-46

**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..... *N. J. Vansant* .....  
Licensed Embalmer No. *3779* .....  
P. O. Address *Clinton* .....

**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.**