

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 8 1948

Registration District No. 137

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5207

State File No. 41513

Registrar's No. 270

1. PLACE OF DEATH:

(a) County... Henry  
(b) City or town... Montrose, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution... Davis Trp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
(Specify whether  
In this community... 82 yrs + 2 mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Henry 42  
(c) City or town... Montrose, Mo. 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No... Davis Trp. 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MALINDA I. HARRISON

3. (b) If veteran, name war... None 3. (c) Social Security No. None

4. Sex... F. 5. Color or race... W. 6. (a) Single, widowed, married, divorced... Widowed

6. (b) Name of husband or wife... Martina A. Harrison 6. (c) Age of husband or wife if alive... Dead years

7. Birth date of deceased... Aug. 21, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 4 6 hr. min.

9. Birthplace... Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation... Housekeeper

11. Industry or business.....

12. Name... Wm Settles 9

13. Birthplace... unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name... Mary Hunt

15. Birthplace... unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mr. Robert Morine

(b) Address... Montrose, Mo. Rt. 1

17. (a) Burial (b) Date thereof... 12/29/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Stones Chapel, Cem.

18. (a) Signature of funeral director... J. A. Vansant

(b) Address... Clinton, Mo.  
(c) Date received local registrar... 12-29-47 (d) Registrar's signature... R. R. Kenney

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Dec. day... 27  
year... 1947 hour... 9:15 minute... A. M.

21. I hereby certify that I attended the deceased from... 6/28 1943 to... 12/27 1947  
that I last saw her alive on... 12-19 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death... Pulmonary Edema  
Cardio-Vascular  
Renal Disease

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations...  
Of autopsy... 15/19

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... D. O. DeLou (M. D. or other)  
Address... Clinton Mo. Date signed... 12/29/47

Duration  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

MOTHER - FATHER

APR 30 1948

MAR 1 1955

APR 12 1952

RECEIVED

District Health Officer No.

District File No. 12-47-

Date Filed 1-7-48

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 *H. A. Ganssart*

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.