

CERTIFICATE OF DEATH

124
71 0005755

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 43

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Verna Edna HARRISON 2. Female 3. February 27, 1971

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White AGE—LAST BIRTHDAY (YEAR) 5a. 51 5b. 51 UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) 6. June 23, 1919 COUNTY OF DEATH 7a. Dunklin

CITY, TOWN, OR LOCATION OF DEATH 7b. Kennett HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. yes 7d. DOA/Dunklin County Memorial

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Divorced SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. none

SOCIAL SECURITY NUMBER 12. 497-07-9079 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Assistant Cashier KIND OF BUSINESS OR INDUSTRY 13b. Bank of Kennett

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER
14a. Missouri 14b. Dunklin 14c. Kennett 14d. yes 14e. 401 Lester

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Edward L. Harrison 16. Bessie M. Hogland

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Shirley White 17b. 4413 Deerland, Memphis, Tenn. 38109

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) No medical attendant by all records
DUE TO, OR AS A CONSEQUENCE OF:
(b) Death was due to Natural Causes
DUE TO, OR AS A CONSEQUENCE OF:
(c) _____

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)
20a. _____ 20b. _____ 20c. _____ 20d. _____

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
21a. _____ 21b. _____ 21c. _____ 21d. _____ 21e. ☐ YES ☐ NO ☐ LFK

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ TO _____ AND LAST SAW HIM/HER ALIVE ON _____ I DID/DID NOT VIEW THE BODY AFTER DEATH, _____ DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. _____ 21b. _____ 21c. _____ 21d. _____ 21e. _____

CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
22a. _____ 22b. _____ 22c. _____ 22d. _____ 22e. _____

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
23a. Tommy L. DOHERTY 23b. Tommy L. Doherty 23c. March 2, 1971

MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
23d. 124604 Kennett Mo 63857

BURIAL, CREMATION, REMOVAL CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
24a. Burial 24b. Cardwell 24c. Cardwell, Missouri

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
25a. March 1, 1971 25b. McDaniel Funeral Service, Inc. Kennett, Mo. 63857

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
25c. Tommy L. Doherty 25d. Mar. Mary Raimon per R.R. 25e. March 4, 1971

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1
10a. 51
10b. 92
11. 0
12. 3
13. 7963
14. 4
15. 60355
16. 3
17. 3
18. 3
19. CREDITS
20. 5-0

MAR 17 1971

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 Thomas L. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.