

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 185

Primary Registration District No. 2759

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rural Linden Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community duration of life! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Rogersville, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME John Harrison

8. (b) If veteran, name war Civil War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Francis Harrison 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased August 10 - 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

94 10 18 hr. min.

9. Birthplace Christian, Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Harrison

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

14. Maiden name Nancy Barnett

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

16. (a) Informant's own signature Francis Harrison

(b) Address Rogersville, Mo. P.R. # 2

17. (a) Burial (b) Date thereof 6/29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linden cemetery

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Clark Mo

19. (a) 7-16-41 (b) Josephine Murritt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1941 hour 5 minutes 3 M.

21. I hereby certify that I attended the deceased from June 22, 1941, to June 27, 1941;

that I last saw him alive on June 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 5 days

Due to _____

Due to 107

Other conditions Cerebral arteriosclerosis 3
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Roper (M. D. or other) D

Address Rogersville, Mo Date signed 7/13/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X 0811

RECEIVED

District Health Officer No. 6,

District File Number 841-1352

Date Filed AUG 9 1941

OCT 24 1941

STATEMENT BY LICENSED EMBALMER

8

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 T. B. Cheffin

Licensed Embalmer No. 2152

P. O. Address Clark, 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 this body is not embalmed, above space should be left blank.