

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

FILED JUN 7 1944

Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis **56**
(c) City or town La Grange **2**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Henry Harsell

3. (b) If veteran, name war ---- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ada Ellen Harsell 6. (c) Age of husband or wife if alive 1871 years
7. Birth date of deceased August 8th. (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Marion County Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John William Harsell
13. Birthplace Marion County Missouri. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Johnson
15. Birthplace Virginia. (City, town, or county) (State or foreign country)

16. (a) Informant George J. Harsell
(b) Address La Grange, Missouri.

17. (a) Burial (b) Date thereof 4/9/44/ (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra, Missouri.

18. (a) Signature of funeral director M. Roberts
(b) Address La Grange, Missouri.

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1944 hour 11:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 1943 to April 5, 1944
that I last saw him alive on April 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pyelocystitis Duration 14 months

Due to _____

Due to _____

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

Major findings: Of operations _____ 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? _____ (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 2

23. Signature J. B. Doolan (M. D. or other) D.O.
Address Clinton, Mo. Date signed 4-7-44

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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.....

A. A. Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **1626**

P. O. Address **La Grange, Missouri.**

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.

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(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 2 yrs.
years, months or days

3. (a) PRINT FULL NAME

James H. Howell

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 9 1877
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 26 (If less than one day) _____ min.

9. Birthplace La Grange, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name John W. Howell
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eizabeth Johnson
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant George J. Hartell
(b) Address La Grange, Mo.

17. (a) (Burial, cremation, or other) _____ (b) Date there 9/19/44
(Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director H. B. ...
(b) Address La Grange, Mo.

19. (a) 4/6/44 (b) P. W. ...
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lewis
(c) City or town La Grange
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 2 Year 1944 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis of the

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) (c) Means of injury _____

23. Signature W. B. Dodson D.O. (M. D. or other)
Address Canon, Mo. Date signed 4/7/44

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

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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