

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville
(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 All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 Walnut
(If rural, give location) /
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Comorah Harrison Corder

20. DATE OF DEATH: Month Sept. day 26
year 1947 hour 8 minute 00 A. M.

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

21. I hereby certify that I attended the deceased from Sept 16,
1947 to Sept 26, 1947
that I last saw her alive on Sept 25, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Pulmonary edema Duration Sudden
Due to Hepatic carcinoma Approximate 3 yrs.
Due to _____

7. Birth date of deceased August 9th 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Lafayette County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name J. W. Harrison 9

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

14. Maiden name Ellen Davis (State or foreign country) 9

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

16. (a) Informant Ellen Hartman

(b) Address Higginsville, Missouri

17. (a) Burial (b) Date thereof Sept 28-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corder Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Higginsville, Mo.

19. (a) 9-30-47 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

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

Major findings: Of operations U6F

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 0

23. Signature [Signature] (M. D. or other) 0
Address Higginsville, Missouri Date signed 9-27-47

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

RECEIVED

District Health Officer No. 8,

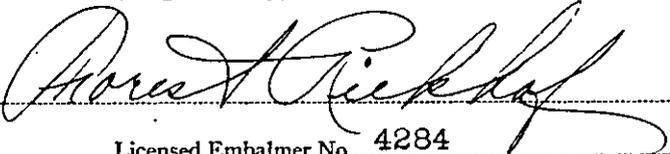
District File Number.....

Date Filed 10-16-47

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 
Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.