

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37238 ✓

State File No. _____

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 1859

1. PLACE OF DEATH:

(a) County St. Louisia
(b) City or town University City City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7511 Milan Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community One Year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City City
(If outside city or town limits, write "RURAL")
(d) Street No. 7510 Canton Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME HOWARD M. Harned Jr. 653
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 Single

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

7. Birth date of deceased July 19 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 3 2 hr. min.

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

10. Usual occupation School Boy

11. Industry or business _____

MOTHER FATHER { 12. Name HOWARD M. Harned Sr. 0

13. Birthplace Bunceton Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Wilma Booth

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

16. (a) Informant's own signature Howard M. Harned Sr.

(b) Address 7519 Canton U. City Mo.

17. (a) Cremation (b) Date thereof 10-23-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director W. J. ...

(b) Address 2504 Wood ...

19. (a) 10-23-39 (b) ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1939 hour 8 minute a M.

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

Immediate cause of death suicide by firearm (revolver) Duration 10/21/39

Due to gun shot wound of chest

Due to _____

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

Major findings: Of operations 173
Of autopsy heart

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) suicide

(b) Date of occurrence 10/21/39

(c) Where did injury occur? University City Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place) (e) Means of injury gun

23. Signature John D. ... (M. D. or other) 4

Address ... Date signed 10/21/39

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.

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..... *Earl L. Moore*

Licensed Embalmer No. *3501*

P. O. Address. *Decatur, 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, above space should be left blank.