DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22380

Registration District No. 1114 874 40

Primary Registration District No. 4343

Registrar's No. 77

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE-BOWMAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community 60 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: Newton
(c) City or town: Neosho
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME: ENSLEY HARNS 65
3. (b) If veteran, name war:
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Mary HARNS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feby (Month) 13 (Day) 1859 (Year)
8. AGE: Years 81 Months 7 Days 25 If less than one day hr. min.
9. Birthplace: Kalamazoo (City, town, or county) Mich (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Retired
FATHER
12. Name: C. E. Harns
13. Birthplace: New York (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Orilla Perkins
15. Birthplace: Penn (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: L. E. Harns
(b) Address: Neosho Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 13 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Hale Cem. Neosho
18. (a) Signature of funeral director: W. A. Bingham
(b) Address: Neosho Mo
19. (a) 5-11-40 (Date received local registrar) (b) Arval R. Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1940 hour 5 minute 20 A. M.
21. I hereby certify that I attended the deceased from 5-9, 1940, to 5-11, 1940, that I last saw him alive on 5-11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death (See Side)	Duration
Pericerebral Hemorrhage with Hemiplegia	2 days
Due to Arteria sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: none

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

23. Signature: Velvin C. Bowman (M. D. or other)
Address: Neosho, Mo Date signed 6-10-40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PERMIT—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.

X19511

RECEIVED
District Health Officer No. 6,
District File Number 740-2382
Date Filed JUL 15 1940

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 Donald Reed, Registered Apprentice No. 202 working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2689

P. O. Address Neosho 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.