

2
3-40
-39
K23159

Registration District No. **467**

Primary Registration District No. **4280**

Registrar's No. **65**

NOV 20 1940

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Aurora**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
124 East Springfield St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20**
(Specify whether years, months or days) **10 Yrs**

3. (a) PRINT FULL NAME **John Harnes**

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

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

6. (b) Name of husband or wife **Mildred Harnes** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **March 17 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 25 hr. min.

9. Birthplace **? Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Laborer**

11. Industry or business _____

12. Name **Pat Harnes**

13. Birthplace **? Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Burns**

15. Birthplace **? Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mildred Harnes**
(b) Address **Aurora Mo.**

17. (a) **Burial** (b) Date thereof **10/14/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park, Aurora**

18. (a) Signature of funeral director **J. F. King**
(b) Address **Aurora Mo.**

19. (a) **11-1-40** (b) **R. D. Cowan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Aurora**
(If outside city or town limits, write "RURAL")
(d) Street No. **124 East Springfield St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **12**
year **1940** hour **5** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Oct 8th**
19**40**, to **Oct 12th** 19**40**
that I last saw him alive on **Oct 12th**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**
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)
(e) Means of injury _____

23. Signature **W. H. Harrison** (M. D. or other) **1**
Address **Aurora, Mo.** Date signed **Oct 14 1940**

Duration
Physician
Underline the cause to which death should be charged statistically.

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

9400

RECEIVED

District Health Officer No. 6,

District File Number 7140-2816

Date Filed NOV 6 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Herman Survid

Licensed Embalmer No.

3072

P. O. Address

Aurora Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.