NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36494

Registration District No. 798 Primary Registration District No. 6042 Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Junction "Rural" Blackwater
(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 3 (Specify whether years, months or days)
In this community Transit

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 731 N Dodgeon
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME HARRY FAGAN HARE

3. (b) If veteran, name war

3. (c) Social Security No. 497-16-3645

4. Sex M

5. Color or race W

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 Oct (Month) 26 (Day) - 1917 (Year)

8. AGE: Years 22 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Independence (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Student 0

11. Industry or business 0

FATHER
12. Name James E. Hare
13. Birthplace Cameron (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Katherine Golden
15. Birthplace Richmond (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Thomas F. Hare
(b) Address 731 N Dodgeon Independence Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) - 31 (Day) - 1940 (Year)
(c) Place: burial or cremation St. Mary's Cem. Independence Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) Apr. 3, 1940 (Date received local registrar) (b) E. L. Chiswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mca day 31st year 1940 hour 5 minute 3 M.

21. I hereby certify that I ~~attended the deceased from~~ held Inquest 3/31, 1940, to ✓, 19✓; that I last saw h ✓ alive on ✓, 19✓; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Crushed Skull by being thrown from a moving automobile	
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
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) accident
(b) Date of occurrence ✓
(c) Where did injury occur? Highway 40 (City or town) about 2 mi west of intersection of 65 + 40 (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? no (e) Means of injury ✓

23. Signature B. C. Bradshaw (M. D. or other)
Address Arrow Rock Mo Date signed 3/31/40

(Licensed Embalmer's Statement on Reverse Side) Coroner of Saline Co Mo

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.

Rev. 5-17-39 1 X19511

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.