

Registration District No. 849

Primary Registration District No. 6125

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Winigan
(c) Name of hospital or institution: Rural R.F.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 105
(a) State Missouri (b) County Sullivan 0
(c) City or town Winigan 0
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location) Rural 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bert Harl
3. (b) If veteran, name war XXXXX
3. (c) Social Security No. XXXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXXXX 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased July 25 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>0</u>	<u>12</u>	hr. _____ min.

9. Birthplace Winigan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm laborer

11. Industry or business Farm
12. Name John Harl
18. Birthplace Winigan Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Lakey
16. Birthplace Ava Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ern Harkness
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 8/9/1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winnegan, Missouri

18. (a) Signature of funeral director Storve Auld, Co.
(b) Address Linnues, Missouri

19. (a) Sept 1 1941 (b) Virginia Gibson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 7th.
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 7 1941 to Aug 7 1941
that I last saw him alive on Aug 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 hours

Due to _____
Due to _____

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings: 430
Of operations _____
Of autopsy _____

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? Y

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

23. Signature J.R. McAtee (M. D. or other) EXX
Address Browning, Missouri Date signed 8/8

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

105

00

SEP 19 1941

RECEIVED

District Health Officer No. 10

District File Number 9-41-1611

Date Filed SEP - 8 - 1941

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

David A. Taylor

Licensed Embalmer No.

3761

P. O. Address

Linneus, 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.