

FILED OCT 16 1941

State File No. \_\_\_\_\_

Registration District No. 849

Primary Registration District No. 6125

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County SULLIVAN

(b) City or town RURAL MORRIS  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE-39

(c) City or town SPRINGFIELD MO. 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 603 W. Chestnut St  
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN HENRY HARK

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ 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.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife K

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased JULY 25 1872  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Badly injured in public road near Union Mo coroner's report

Other conditions (Include pregnancy within 3 months of death) none reported

Major findings: Of operations Cerebral hemorrhage

Of autopsy 430'

8. AGE: Years 69 Months 1 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SULLIVAN Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARM HAND

11. Industry or business ON FARM

MOTHER FATHER

12. Name JOHN HARK

13. Birthplace dont know  
(City, town, or county) (State or foreign country)

14. Maiden name MACHEL McCOLLUM

15. Birthplace dont know  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Gr Harkness

(b) Address 603 W Chestnut St Springfield MO

17. (a) Burial (b) Date thereof Sept 23 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PICKEREL

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? \_\_\_\_\_

18. (a) Signature of general director Glenn E Kent Sr

(b) Address Green City, Mo.

19. (a) Oct 7 1941 (b) Virginia Libani  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Chas L. Judd (M. D. or other) \_\_\_\_\_  
Barber Mo Date signed Oct 19 1941

RECEIVED

District Health Officer No. 10

District File Number 10-44-1779

Date Filed OCT 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City

**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, fact should be so stated above.**