

S. No. 2
4-13-40
5-17-39
X23159

FILED FEB 24 1942 91

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: ST LOUIS
 (a) County _____
 (b) City or town _____
 (c) Name of hospital or institution: DEACONESS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County LINCOLN
 (c) City or town TROY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME WILLIAM N. HARLAN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month January day 4
 year 1942 hour 12 minute 55 P.M.

4. Sex MALE 5. Color or race WHITE 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 JULY 10 1886
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 2, 1942, to January 4, 1942; that I last saw him alive on January 3rd, 1942; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Myocardial Failure Duration 2 days

9. Birthplace SCOTT Co. INDIANA
 (City, town, or county) (State or foreign country)

Due to Chronic Myocarditis 2 years

10. Usual occupation RETIRED

Due to Senility and General Debility

11. Industry or business FARMS

Other conditions (Include pregnancy within 3 months of death) Chronic Colitis

12. Name FRANCIS M. HARLAN

Major findings: none

13. Birthplace SCOTT Co. IND. 1
 (City, town, or county) (State or foreign country)

Of operations _____

14. Maiden name MARY WILDFIELD

Of autopsy none

15. Birthplace SCOTT Co. IND. 1
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Jerome Harlan
 (b) Address Troy, Mo.

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

17. (a) REMOVAL (b) Date thereof 1-5-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation TROY, Mo.

3. Signature Wm. N. Norton (M. D. or other) M. D.
 Address 634 No. Grand St. Louis, Mo. Date signed 1/4/42

18. (a) Signature of funeral director Kemper E. Hare
 (b) Address Troy, Mo.
 19. (a) JAN 5 1942 (b) J. T. Predeek
 (Date received local registrar) (Registrar's signature)

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

660
17
9

57
20

MOTHER FATHER

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.....

Joseph J. Marsh

Licensed Embalmer No. *3932*

P. O. Address *Prosp, 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, fact should be so stated above.