

Registration District No. 169

FILED SEP 11 1942 4258
 Primary Registration District No. _____

Registrar's No. 42

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

1. PLACE OF DEATH:
 (a) County Knox
 (b) City or town Edina
(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 years, months or days)
 In this community 8 hours.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Knox
 (c) City or town Baring
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harold Loyd Harker
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-18-7347

4. Sex m 5. Color or race W 6. (a) Single, divorced, married, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb - 4 - 1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation none.

11. Industry or business _____

MOTHER FATHER
 { 12. Name Wm. Lloyd Harker
 { 13. Birthplace Memphis Missouri
(City, town, or county) (State or foreign country)
 { 14. Maiden name Golda Clair
 { 15. Birthplace Edina Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Golda Ethel Harker

(b) Address 221 York St Quincy Ill

17. (a) Burial (b) Date thereof Aug-25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Quincy Ill.

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina Missouri

19. (a) Aug 25 '42 (b) Will Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 23 year 1942 hour 12:40 minute 40 M.

21. I hereby certify that I attended the deceased from at death 1942

that I last saw him alive on Aug 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death injury to head
hit by auto

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) Accident 052
 (b) Date of occurrence Aug 23-1942
 (c) Where did injury occur Edina Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On highway #6
 While at work? No (Specify type of place) (e) Means of injury Auto

23. Signature C. E. Gibson (Registrar's name) D. O.
 Address Edina Mo Date signed Aug-42

PHYSICIAN

 Underline the cause to which death should be charged statistically.

SEP 16 1942

RECEIVED

District Health Officer No. 10

District File Number 9-42-1683

Date Filed _____

SEP 23

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

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.