

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 394

Primary Registration District No. 6298

Registrar's No. _____

113
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH—
 (a) County North
 (b) City or town Alleysale, Mo. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Smith Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life years, months or days

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

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 30 year 1942 hour 11 minute 30 P.M.
 21. I hereby certify that I attended the deceased from Sept 2 1942 to Sept 30 1942
 that I last saw him alive on Sept 29 1942 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Dora Etha Harker 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased March 16 1874
 (Month) (Day) (Year)

Immediate cause of death Tuber Pneumonia
 Due to Myocardial Degeneration
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 108
 Of autopsy _____

8. AGE: Years 67 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Thomas Harker
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Mealy
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Dora Etha Harker
 (b) Address Alleysale, Mo.

17. (a) Burial (b) Date thereof 10-2-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hick Cemetery

18. (a) Signature of funeral director A. C. Dumble
 (b) Address Trout City, Mo.

19. (a) Oct 5, 1942 (b) Arden Scadden
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23: Signature W. J. Porter (M. D. or other) do
 Address Shelburn, Mo Date signed 10-4-42

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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..... *Arch C. Dimplee*

Licensed Embalmer No..... *3252*

P. O. Address..... *Grant City, 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.