

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1942

Registration District No.

Primary Registration District No. 4124

Registrar's No. 44

23
6

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

1. PLACE OF DEATH:

(a) County Clark
 (b) City or town Kahoka
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 Missouri (b) County Clark
 (c) City or town Kahoka
 (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 Frank Harkness
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-18-0275

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd year 1942 hour 8 minute 24 A. M.
 21. I hereby certify that I attended the deceased from September 11th, 1942 to October 3rd, 1942
 that I last saw him alive on October 2nd, 1942
 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 Married
 6. (b) Name of husband or wife Mary Josephine Thompson 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased December 20 1863
 (Month) (Day) (Year)

Immediate cause of death Apoplexy
 Due to cardio-vascular-renal disease
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

8. AGE: Years 78 Months 9 Days 13 If less than one day _____ hr. _____ min.

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
131a

9. Birthplace Medill Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Employed Gas & Fire Station

11. Industry or business _____
 12. Name James B. Harkness
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Stauffer
 15. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Harkness
 (b) Address Kahoka Mo.
 17. (a) Burial (b) Date thereof Oct 5, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Kahoka Cemetery
 18. (a) Signature of funeral director Fred J. Carlet
 (b) Address Kahoka Mo.
 19. (a) 11-7-42 (b) Perry J. Barton
 (Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) Means of injury _____
 23. Signature Grace L. Graybill (M. D. or other) 2
 Address Kahoka Mo. Date signed 11-6-42

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APR 28 1942

RECEIVED

District Health Officer No. 10

District File Number 12-42-4032

Date Filed Dec-10-1942

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: Fred Karles

Licensed Embalmer No. 1023

P. O. Address Kahoka 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.