

FILED NOV 19 1942

Registration District No. 2725

Primary Registration District No. 5837

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Camp Crowder, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital, Camp Crowder, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community four (4) months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Unknown

(c) City or town Owensboro
(If outside city or town limits, write "RURAL")

(d) Street No. PO Box 214, 116 West 7th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Sam A. Harness

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Roline Harness

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased: January 18, 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>9</u>	<u>4</u>	<u>--</u> hr. <u>--</u> min.

9. Birthplace Henderson Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business United States Army

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Camilla B. Harness

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

16. (a) Informant Soldier's Service Record

(b) Address Camp Crowder, Missouri

17. (a) Removal (b) Date thereof Oct. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henderson, Kentucky

18. (a) Signature of funeral director Knell Mortuary,

(b) Address Carthage, Missouri

19. (a) 10-23-42 (b) Carol Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 20, 1942, to October 20, 1942,
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcus Meningitis

Due to gla

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Pneumococccic infection of Meninges and lungs.

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) Means of injury --

23. Signature Carol Thompson (M.D. or other) MD

Address Camp Crowder, Missouri Date signed 10-22-42

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

73
0
0

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1110

RECEIVED

District Health Officer No. 6,

District File Number 1142-1641

Date Filed NOV 16 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 P. W. Knell

Licensed Embalmer No. 814

P. O. Address Carthage, 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.