

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

38393

FILED DEC 12 1942
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 374

Primary Registration District No. 45-46-6272

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Denver Mo rural
(c) Name of hospital or institution: Allen St
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 yrs
(Specify whether years, months or days)
In this community: 30 yrs

3. (a) PRINT FULL NAME

Cloune Olive Harner
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William S. Harner 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct 26 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 1 If less than one day hr. min.

9. Birthplace North Country (City, town, or county) 116 (State or foreign country)

10. Usual occupation housewife

11. Industry or business farm

12. Name Luke Duckworth

13. Birthplace England (City, town, or county) 4 (State or foreign country)

14. Maiden name Marcella (City, town, or county) 1st (State or foreign country)

15. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

16. (a) Informant Carl Harner

(b) Address Great City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Miller cemetery

18. (a) Signature of funeral director Brian Burr
(b) Address Denver 116

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North
(c) City or town Denver Mo Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1942 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from 1937 to Oct 31, 1942
that I last saw him alive on Oct 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy of Heart (acute)

Due to Chronic myocarditis 10 yrs.

Due to

Other conditions 934
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

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 J. H. Waiden D.O. (M. D. or other) DO
Address Denver Mo Date signed Nov 2, 1942

1104 (Licensed Embalmer's Statement on Reverse Side)

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.....

JO B...

Licensed Embalmer No. *2847*

P. O. Address... *D...* *11/6*

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.