

FILED JUN 25 1943

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(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) _____ (Specify whether)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar
(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 JOHN LEONARD 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, widowed

6. (b) Name of husband or wife Clara Harness 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 26th, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>25</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John Harness

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Beswick
(City, town, or county) (State or foreign country)

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Brown
(b) Address Lamar, MO.

17. (a) Burial (Burial, cremation, or removal) Lake Cemetery (b) Date thereof 5-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation River Funeral Home

18. (a) Signature of funeral director Lamar, MO.

(b) Address _____
19. (a) 5/21/43 (b) Martha River
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1st, 1943, to May 21, 1943
that I last saw him alive on May 20, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 13/a

Major findings: Of operations _____
Of autopsy _____

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 0

23. Signature I. R. Boskory (M. D. or other) _____
Address Lamar, Mo Date signed 5/24/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
11

RECEIVED

District Health Officer No. 6,

District File Number 643-723

Date Filed JUN 22 1943

*1-1-43
S. V. ...
...*

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 *R. W. ...*

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.