

No. 17-39
X32873

FILED JUL 13 1943

5089

Registrar's No. 37

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Plains Gap sup.
(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 60 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 7

(b) County 7

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BERTIE FRANKLIN HARKRAEDER

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex mf 5. Color or race w

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

6. (b) Name of husband or wife Charles Harkraeder

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 26 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 6 23 hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name Bernard F. Harkraeder

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

14. Maiden name Mathie Pitman

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

16. (a) Informant Carson M. Harkraeder

(b) Address Appertin City, Mo. R.F.D.

17. (a) buried (b) Date thereof June 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation our home

18. (a) Signature of funeral director Carlous

(b) Address Bertie Mrs

19. (a) June 21, 1943 (b) Pauline Lumpton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 1943
year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to June 19 1943
and that I last saw him alive on June 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 h
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 no

23. Signature L. D. LaHare (M. D. or other) no
Address Butter, Mo Date signed 6/21/43

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

MOTHER FATHER

1306

RECEIVED

RECEIVED

District Health Officer No. 7,

District File Number 6-43-708

Date Filed 7-12-43

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 S. E. Cullum

Licensed Embalmer No. 2576

P. O. Address Butte, 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.

State File No. _____

Registration District No. 27

Primary Registration District No. 5089

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Pleasant Gap, Mo
(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
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Pleasant Gap
(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 Bertie Franklin Harkerader

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Dec 26
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days _____ (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Pauline Crompton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I have seen him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

20768