

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1943

Registration District No. _____

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:
Community Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo 8 25 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County St Clair 93

(c) City or town Port Huron
(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 Jerry Harney

3. (b) If veteran, name war X 3. (c) Social Security No. 709-12-6599

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorcee 3

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

7. Birth date of deceased May 9th 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Brakeman

11. Industry or business Grand Trunk R.R.

MOTHER FATHER

12. Name James Harney

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

14. Maiden name Mary Quinlin

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

16. (a) Informant Mrs. Ralph Murphy
(b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof Nov. 12th-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) 11/12/43 (b) D. J. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day twelfth
year 1943 hour four minute 25 P.M.

21. I hereby certify that I attended the deceased from March
fifteenth, 1943, to November 10, 1943
that I last saw him alive on November 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Left Ventricular hypertrophy

Due to Arteriosclerosis

Due to Chronic Myocarditis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

Duration _____

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 A. R. Schultz (M. D. or other) M.D.

Address 5-23 E. Center Date signed 11/14/43

RECEIVED

District Health Officer No. 10

District File Number 12-43-2039

Date Filed DEC 18 1943

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.