

FILED JUL 11 1944

Registration District No. _____

Primary Registration District No. 5927

Registrar's No. 215

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

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Green Ridge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Green Ridge (rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Count Harkless

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Maude Helsley Harkless

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 27, 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 1
If less than one day hr. min.

9. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

MOTHER FATHER { 12. Name James Harkless

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

14. Maiden name Jane Elliott

15. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Harkless (wife)

(b) Address Route 2, Green Ridge, Mo.

17. (a) Burial (b) Date thereof 7/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge, Mo.

18. (a) Signature of funeral director Dwaine Ewing

(b) Address Sadalia, Mo.

19. (a) 6/30/44 (b) Anna Bernice Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1944 hour 12:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Mar 10, 1943 to June 28, 1944;
that I last saw him alive on June 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Heart Disease

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

Major findings: Of operations none

Of autopsy none

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. A. Blackmore (M. D. or other) M.D.
Address Winchester, Mo. Date signed 6-28-44

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-10-44

JUL 10 1944

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sidalia 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.