S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29400

FILED OCT 13 1944

Registration District No. 8 Primary Registration District No. 1002 Registrar's No. 8401

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Enroute to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Williamson

(c) City or town Herrin 999
(If outside city or town limits, write "RURAL")

(d) Street No. 205 S. 20th St. 11
(If rural, give location) 0 NR.

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

If yes, name country

3. (a) PRINT FULL NAME William Harland

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ethel Harland

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

7. Birth date of deceased August (Month) 22 (Day) 1885 (Year)

8. AGE: Years 59 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Hopkins County (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Miner

11. Industry or business

FATHER 12. Name Thomas Harland

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

MOTHER 14. Maiden name Esther Robinson

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

16. (a) Informant Ethel Harland

(b) Address Herrin, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Carbondale, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) 10-2-44 (Date received local registrar) (b) J. F. Brickel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Extreme hemorrhage from laceration of scalp, when fell in his room at the Liberty Hotel 722, No 20th St. striking head against a radiator

Due to Sept. 30 1944, exact time unknown

Duration

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) Accident

(b) Date of occurrence Sept. 30 1944

(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? Home (Specify type of place)

While at work? no (e) Means of injury as above

23. Signature Alfred G. Perry (M. D. or other)

Address Herrin Date signed 10/2/44

(Licensed Embalmer's Statement on Reverse Side)

8101

8101

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 Albert G Hoppe

Licensed Embalmer No. 2451

P. O. Address.....

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.