

FILED OCT 24 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 822

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9266

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 days
In this community 37 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Douglas 999
(c) City or town Omaha 25
(If outside city or town limits, write "RURAL")
(d) Street No. 6140 Q Street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 2

3. (a) PRINT FULL NAME WILLIAM P. HARDER

3. (b) If veteran, name war World War II 3. (c) Social Security No. 506-14-8205

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

6. (b) Name of husband or wife Mrs Iowa L Harder 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased August 4 1920
(Month) (Day) (Year)

8. AGE: Years 24 Months 2 Days 11 If less than one day hr. ___ min

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

10. Usual occupation Sausage maker

11. Industry or business _____

12. Name John F Harder

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

14. Maiden name Emma C Schneider

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

16. (a) Informant John F. Harder
(b) Address 809 Q St. Omaha Neb

17. (a) Removal (b) Date thereof October 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Nebraska

18. (a) Signature of funeral director W. J. Kofus
(b) Address Springfield, Mo

19. (a) 10-16-44 (b) W. H. Harder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15 year 1944 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from 9 September 1944 to 15 October 1944; that I last saw him alive on 15 October 1944; and that death occurred on the date and hour stated above,

Immediate cause of death severe neurasthenia Duration 6 hrs

Due to Cause undetermined

Due to _____ 118:3
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Compare here

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 _____

3. Signature Lee Stover O Capt Mc
Address O'Reilly General Hospital (M. D. or other)
Date signed 15 Oct 44

Sppl. Mo.

A report submitted to the Bureau of the Census.

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 *L. Paulus Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

X