

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41281

State File No. _____

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 227

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura C. Harness

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

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

6. (b) Name of husband or wife Joseph H. Harness 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug 17 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 8 If less than one day hr. 0 min. 0

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

10. Usual occupation Game keeper

11. Industry or business Game keeper

12. Name Bywater Collins

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

14. Maiden name Marcell Valentine

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

16. (a) Informant Mrs. Leola Harness

(b) Address Nevada Mo. R.F.D.

17. (a) Burial (b) Date thereof Dec 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Mo.

18. (a) Signature of funeral director Willie V. Kemp

(b) Address Nevada Mo.

19. (a) December 25 1944 (b) Reigid Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Montrose Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1944 hour 6 minute PM

21. I hereby certify that I attended the deceased from Dec 24 1944 to Dec 25 1944
that I last saw her alive on Dec 24 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration immediate

Due to 911A

Due to 911A

Other conditions Hypertension + Chronic gall bladder
(Include pregnancy within 3 months of death)

Major findings: Bladder PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.
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? _____

(Specify type of place) (e) Means of injury By

23. Signature W. D. Hall (M. D. or other)

Address Clinton Mo. Date signed 12/25/44

(Licensed Embalmer's Statement on Reverse Side)

106 9

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

SEP 9 1949

RECEIVED

District Health Officer No. 7;

District File Number 12-44-1483

Date Filed 1-11-45

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

Allen V. Karpis

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.