

FILED MAR 15 1945

State File No.

Registration District No.

Primary Registration District No. 5276

Registrar's No. 24

1. PLACE OF DEATH

(a) County Clark

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

(c) Name of hospital or institution Folker Imp.
(If not in hospital or institution, write street number or location)

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

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clark

(c) City or town Farmington La Poudre
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 23

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Wyatt Harness

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

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased Aug 18-1865
(Month) (Day) (Year)

8. AGE: 79 Years 6 Months 5 Days If less than one day _____ by _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Marshall Harness

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

14. Maiden name Lucy Marshall

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

16. (a) Informant Mrs. Essie Harvey
(b) Address Farmington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 25-1945
(Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Co.

18. (a) Signature of funeral director Gettys and Purvis Bros

(b) Address _____

19. 2-28-45 (Date received local registrar) (b) Perly S. Barton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1945 hour 2 minute 30 PM

21. I ~~certify~~ certify that I attended the deceased from Feb 23rd 1945 to Feb 23rd 1945, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Hypertension

Due to senility

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) _____

(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) (b) Means of injury _____

23. Signature J. H. Moll (M. D. or other) _____
Address Farmington La Poudre Date signed 2-24-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number

3-15-744

Date Filed

MAR 8 1945

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

Otis L. Tuttle

Licensed Embalmer No.

2965-

P. O. Address

Lurray 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.