

FILED MAY 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. 12833

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 365

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: Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 hrs.  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield, Mo 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 612 W. Walnut St 6  
(If rural, give location)  
(e) Citizen of foreign country? no 0  
(Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Barbara Harkness

3. (b) If veteran, name war none 3. (c) Social Security No. None

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

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: April 27, 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 15 hr. 0 min.

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

10. Usual occupation Infant at Home

11. Industry or business

MOTHER FATHER  
12. Name James Harkness  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Harkness

(b) Address Laurel 612 W. Walnut

17. (a) Burial (b) Date thereof 4-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director W. Stungert Co.

(b) Address Springfield, Mo.

19. (a) 4-30-46 (b) Dr. W. S. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 27  
1946, to April 28, 1946;  
that I last saw her alive on April 28, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Circulatory failure and respiratory failure  
Due to prematurity

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

Major findings:  
Of operations  
Of autopsy  
159

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)  
(c) Means of injury

23. Signature James H. Roof, Jr. M.D. (M. D. or other)  
Address O. Ruddy General Hospital Date signed April 28, 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.

*Mat Grubbs*

Signed

*Raymond*

Licensed Embalmer No.

*1763*

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.**