

FILED JUN 24 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bathwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)
In this community 6 months

3. (a) PRINT FULL NAME

Jesse Harkman
(b) If veteran No (c) Social Security No. No

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife None (c) Age of husband or wife if alive 19 years (Month) (Day) (Year)
7. Birth date of deceased Feb 19 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 15 If less than one day hr. min. 0

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

10. Usual occupation Fisherman

11. Industry or business

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Bathwell Hosp. Records
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof June 8 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Jesse Funeral Home
(b) Address Tharsaw, Mo.

19. (a) 6-5-46 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Tharsaw (If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1946 hour 2 minute 01 P.M.

21. I hereby certify that I attended the deceased from December 5th 1945 to June 4th 1946 that I last saw him alive on June 4th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Myocarditis
Due to

Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
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?
(Specify type of place) While at work? (e) Means of injury 0

23. Signature M. D. Shuf (M. D. or other) M. D. Address Sedalia, Mo. Date signed June 5th 1946

RECEIVED

District Health Officer No. **8**

District File Number **6-78-46**

Date Filed **6-78-46**

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.....

John J. Riser

Licensed Embalmer No. **4098**

P. O. Address.....

Marsaw

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.