

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUN 9 1946
Registration District No. **934946**

Primary Registration District No. **3056**

Registrar's No. **119**

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital
In this community 38 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4236 Linton Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Francis Harles

3. (b) If veteran, name war World War I
3. (c) Social Security No. 702-05-0382

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17, 1893
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 20 If less than one day, hr. min.

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

10. Usual occupation Clerk

11. Industry or business Wabash Railroad Co.

MOTHER FATHER { 12. Name Frank I. Harles
13. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Genevieve Heyer
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank I. Harles

(b) Address 4236 Linton Avenue

17. (a) Burial (b) Date thereof 6-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director Mahon
(b) Address Moberly Mo
19. (a) 6-11-46 (b) Leah Williams Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1946 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from May 1st to June 7, 1946
that I last saw him alive on June 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure Duration 8 days
Due to Coronary Thrombosis 14 days
Myocarditis, chronic
Due to Rheumatic Fever
old

Other conditions (Include pregnancy within 3 months of death)
Major findings: None 30
Of operations: None
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? _____

23. Signature L. Lewis (M. D. or other) no
Address Wabash Hospital Date signed June 11, 1946

269 (Licensed Embalmer's Statement on Reverse Side)

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

20042

JAN 27 1948

MAR 11 1948
JUL 11 1946

RECEIVED

District Health Officer No. 10

District File Number 7-46-1248

Date Filed JUL 2 1948

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 Frank D. D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.