

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20134
State File No. _____
Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 801

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
In this community 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Thomas Harness
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Harness
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January 24 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 3
If less than one day hr. min.

9. Birthplace Iowa Point Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James Harness

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

14. Maiden name Edith Adams

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

16. (a) Informant Mrs. Nellie Harness

(b) Address Troy, Kansas

17. (a) Removal (b) Date thereof 6/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland, Kansas.

18. (a) Signature of funeral director Walter Bowman

(b) Address St. Joseph, Mo.

19. (a) 6-30-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 999
(c) City or town Troy 14
(If outside city or town limits, write "RURAL")
(d) Street No. Troy 0
(If rural, give location)
(e) Citizen of foreign country? No 2 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1947 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from 6-26 1947 to 6-27 1947
that I last saw him alive on 6-26-1947
and that death occurred on the date and hour stated above.

Immediate cause of death congestive Heart Failure Duration 4 mo.

Due to arteriosclerosis Heart Disease

Due to _____

Other conditions: 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. J. Gianottino (M. D. or other) no

Address St. Joseph, Mo. Date signed 6-27-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DEC 19 1959

MS DEC 20 1959

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.....

Francis Wyland....., Registered Apprentice No. *444*
working under my personal supervision.

Signed *Eugene Wood*.....

Licensed Embalmer No. *3884*

P. O. Address *319 86/10th St. Joplin, 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.