

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16363

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission) a. STATE MO b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarscoie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarscoie	
c. LENGTH OF STAY (in this place) 26yr		d. STREET ADDRESS (If rural, give location) MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) Blanche N. b. (Middle) Harnar c. (Last)	4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 49
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5. SEX F	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 26 - 1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Green Co MO	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Henry Smith	13b. MOTHER'S MAIDEN NAME Margaret Young	14. NAME OF HUSBAND OR WIFE Arch Harnar
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Arch Harnar	ADDRESS Sarscoie MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 170X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of breast primary 9 yrs. DUE TO (c) senescent carcinoma 2 yrs.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 16, 1940, to May 11, 1949, that I last saw the deceased alive on May 10, 1949, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. H. Elchane	(Degree or title) M.D.	23b. ADDRESS Sarscoie	23c. DATE SIGNED May 12 - 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-13-49	24c. NAME OF CEMETERY OR CREMATORY Jasper Cem	24d. LOCATION (City, town, or county) (State) Sarscoie MO
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DATE REC'D BY LOCAL REG. 5-13-49	REGISTRAR'S SIGNATURE L.B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Jackson Law	ADDRESS Sarscoie MO
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Per. H. Ferguson Licensed Embalmer's Statement on Reverse Side)

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

49
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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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Wm K. Jackson

Signed.....
Student Embalmer

Licensed Embalmer No. 3954

P. O. Address Larocayie 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.