

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37018

State File No.

Registrar's No. 255

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>01</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wanda</u>		b. (Middle) <u>Sue</u>		c. (Last) <u>Harness</u>	
4. DATE OF DEATH <u>11/2-1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2/12/49</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elmer L. Harness</u>		13b. MOTHER'S MAIDEN NAME <u>Melba Cameron</u>	
14. NAME OF HUSBAND OR WIFE <u>-----</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Harness Osceola Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>E9190</u> <u>19</u>	
21a. ACCIDENT (Specify) <u>suicide</u> <u>gun shot at home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osceola St. Clair Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 2 49 2 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>gun accidentally discharged</u> <u>93</u>	
22. I hereby certify that I attended the deceased from <u>11/2</u> , 19 <u>49</u> , to <u>11/2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/2</u> , 19 <u>49</u> , and that death occurred at <u>2:15</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Mark Todd, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Osceola Mo.</u>	
23c. DATE SIGNED <u>11/4/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/5/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Flourie Adair</u>	
DATE REC'D BY LOCAL REG <u>Nov. 5-49</u>		REGISTRAR'S SIGNATURE <u>Flourie Adair</u>		ADDRESS <u>573 E. Main St. Osceola Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1387

Date Filed 11-21-49

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 _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Signed _____
Student Embalmer

Signed J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.