

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 20 1939

Registration District No. 368

Primary Registration District No. 6603

State File No. _____

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Henry (Big Creek twt.)
(b) City, or town Rt. 1 Blainston Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 84

In this community _____ years, months or days

3. (a) PRINT FULL NAME J. E. A. Harnsberger 652

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5 31 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Harnsberger 9

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

14. Maiden name Mellie Lotzinski

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

16. (a) Informant's own signature M. C. H. J. J. J.

(b) Address Blainston Mo

17. (a) burial (b) Date thereof 8 23 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassville Mo

18. (a) Signature of funeral director Fred C. Williamson

(b) Address Clinton Mo

19. (a) 8/24/39 (b) E. G. Hibler
(Date received local registrar) (Registrar's signature) 318

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. S Blainston
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22
year 1939 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 8-15-39
8-23- 1939, to 8-22, 1939;
that I last saw him alive on 8-21, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 5 da
Coronary thrombosis on atherosclerosis

Due to Coronary thrombosis, atherosclerosis
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 94 b

Major findings: Of operations _____ PHYSICIAN _____
Of autopsy _____ 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? _____

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

23. Signature H. H. H. H. (M. D. or other) M.D.
Address Clinton Mo Date signed 8-22-39

RECEIVED

District Health Officer No. 7;

District File Number 7-34384

Date Filed 10-9-39

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

Fred Wilkinson

Licensed Embalmer No. 3478

P. O. Address Clinton TN

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32491 X
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 358
 (b) Township Big Creek Twp Primary Registration District No. 5503
 (c) City _____ (d) Street No. _____ Registered No. 11
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME James Esley A. Hornsberger
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 2 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 8/24 1939 E. G. Hieber Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22-1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) B. S. Valnes M. D.
 (Address) Clinton

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS DESCRIBED BY LAW.

