

FILED MAY 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17238

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 120

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WEITZEL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 DAYS
In this community 2 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town CLINTON
(If outside city or town limits, write "RURAL")
(d) Street No. 320 S 3rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM ALEXANDER HARNES

3. (b) If veteran, name was NONE 3. (c) Social Security No. 1

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased FEB. 5 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 13 hr. min.

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

10. Usual occupation RETIRED SALESMAN

11. Industry or business _____

12. Name Wm HARNES

13. Birthplace ST. CHARLES MO.
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN MULLIN

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

16. (a) Informant Sterling V. Harnes

(b) Address Clinton Mo.

17. (a) BURIAL (b) Date thereof MAY 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MULLIN CEMETERY

18. (a) Signature of funeral director H. A. Dawsant

(b) Address Clinton

19. (a) 5-20-47 (b) R. R. Harnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1947 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from April 3 29 1947 to May 18 1947; that I last saw him alive on May 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: acute nephritis with thrombosis of right leg and gangrene

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 120 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? _____

(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature Edward Samuel D.O. (Date of other) _____
Address Clinton, Mo. Date signed 5/19/47

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

MOTHER FATHER

