

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8213

State File No. _____

FILED MAR 22 1951

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 8

4220

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

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>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Urich, Walker Town</u>)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Urich, Walker Town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>R.R. 1 0420</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Fern</u>		c. (Last) <u>Harness</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 11 1951</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. STATUS NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>		8. DATE OF BIRTH <u>February 21, 1912</u>		9. AGE (In years last birthday) <u>39</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>own farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Harve M. Harness</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Patt</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, _____) (If yes, give war or dates of service) <u>July 28 1942 to Oct 11 1945</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Harve M. Harness</u>		ADDRESS <u>Urich R.R. 1</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>DROWNING</u>	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARMYARD</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HENRY, MO</u>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>ACCIDENTAL DROWNING IN TANK</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Hugh B. Walker, MD</u>		23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>14 Mar 1951</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>1</u>		24b. DATE <u>March 13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mullins</u>	
24d. LOCATION (City, town, or county) (State) <u>near Urich MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u>		ADDRESS <u>Urich Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 13-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		46d	

RECEIVED 3-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-21-51

OCT 5 1951

AUG 16 1951

AUG 21 1951

6561 DE 2151

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.

Student _____
Student Embalmer

Signed R R Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.