No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr Harry Harkness

State File No. 21969

Registration District No. 431 FILED JUL 11 1941

Primary Registration District No. 3023

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Oak Hill Hospital ( ) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Knob Noster 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Harry Charles Williams

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male ( )

5. Color or race white

6. (a) Single, widowed, married, divorced Single ( )

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 3 (Day) 1911 (Year)

8. AGE: Years 30 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Knob Noster Mo ( ) (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Harry Williams
13. Birthplace Iowa / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Belle Walston
15. Birthplace Kansas. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Belle Williams

(b) Address Knob Noster Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 41 (Month) (Day) (Year)

(c) Place: burial or cremation Knob Noster Mo.

18. (a) Signature of funeral director C. L. Sault

(b) Address Knob Noster Mo

19. (a) June 17, -41 (Date received local registrar) (b) Lelah Anson, Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1941 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 14, 1941, to June 15, 1941, that I last saw him alive on June 14, 1941. and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation. — Duration 3-4 wks

Due to Acute alcoholism

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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 Harry Harkness (M. D.)

Address Warrensburg, Mo Date signed 6/16/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1940

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-9-41

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 Dudley Rucker Saults, Registered Apprentice No. ..... working under my personal supervision.

Signed C. L. Saults

Licensed Embalmer No. 1086

P. O. Address Knob Noster 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.