S. No. 2
I—4-13-40
v. 5-17-39
I X23159

23
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 10 Primary Registration District No. 5275 Registrar's No. 52

1. PLACE OF DEATH:
(a) County Clark
(b) City or town Rural Des Moines Wm
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clark 23 0
(c) City or town Rural - Des Moines 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years. 0

3. (a) PRINT FULL NAME Thomas Harsch.
3. (b) If veteran, name war Civil
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 Mrs. Thomas Harsch.
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased June (Month) 27 (Day), 1844 (Year)

8. AGE: Years 98 Months 3 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Ohio / (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business _____
FATHER
12. Name Henry Harsch.
13. Birthplace _____ (City, town, or county) Ohio / (State or foreign country)
MOTHER
14. Maiden name Nancy Richardson.
15. Birthplace _____ (City, town, or county) Ohio / (State or foreign country)
16. (a) Informant Mrs. Sam Hudson
(b) Address Revere, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27 (Month) (Day) 1942 (Year)
(c) Place: burial or cremation Wolf Cemetery.
18. (a) Signature of funeral director H. F. Kircher
(b) Address Wayland
19. (a) 12-2-42 (Date received local registrar) (b) Perry S. Borton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th year 1942 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 1934 ~~Nov 25~~, 1942, to November 25, 1942; that I last saw him alive on Nov 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Due to	
Due to	
Other conditions Senality (Include pregnancy within 3 months of death)	

131 b

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 0

23. Signature J. L. McConnell (M. D. or other)
Address Revere-Mo Date signed 11-30-42

1013

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-42-4041
Date Filed Dec. 10-1942

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 H. F. Kircher

Licensed Embalmer No. 2611

P. O. Address Wayland, 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.