

FILED MAY 11 1944

State File No. \_\_\_\_\_

Registration District No. 364

Primary Registration District No. 6237

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Harren  
(b) City or town Starkway Grove Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Harren  
(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 John William Symes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harren  
(c) City or town Rural  
(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.? 0 years.

3. (a) PRINT FULL NAME John William Symes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 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 19 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months - Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Linn Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Joseph Symes

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

14. Maiden name Harmine Pollock

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

16. (a) Informant's own signature Louis Symes  
(b) Address Thright City, Mo

17. (a) Burial (b) Date thereof 5/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thright City Cem

18. (a) Signature of funeral director Nieburg F. H. Co  
(b) Address Thright City, Mo  
19. (a) 5/11/44 (b) Jubius Nieburg  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30.  
year 1944 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration \_\_\_\_\_

Due to Arterial Sclerosis

Due to 94

Other conditions (include pregnancy within 8 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? \_\_\_\_\_

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

23. Signature Mr. J. H. Knigge (and if other) Coroner  
Address Harrenton Mo Date signed May 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-10-44

**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, *of*.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Julius J. Nieburg*

Licensed Embalmer No. 3364

P. O. Address.....

*Wright City*

**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.**