

FILED JUN 22 1944

Registration District No. 245

Primary Registration District No. 5836

State File No. _____

Registrar's No. 65

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town RURAL - NEOSHO TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NEWTON COUNTY INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73
(c) City or town RURAL, NEOSHO TWP. 0
(If outside city or town limits, write "RURAL")
(d) Street No. NEWTON CO. INFIRMARY 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 17

3. (a) PRINT FULL NAME WILLIAM G HARST

3. (b) If veteran, name war _____ 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 9 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business UNKNOWN

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant INFIRMARY RECORDS

(b) Address NEWTON COUNTY INFIRMARY

17. (a) REMOVAL (b) Date thereof JUNE 3 1944
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation TASOLA ILLINOIS

18. (a) Signature of funeral director Carley Thompson
(b) Address Neosho Mo.

19. (a) 6-3-1944 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2
year 1944 hour 3 minute 2 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Probably Coronary Thrombosis Duration _____

Due to _____

Due to _____

Other conditions 940
(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? _____

While at work _____ (Specify type of place) (e) Means of Injury _____

23. Signature J. D. Reynolds, Coroner (M. D. or other)
Address Neosho Mo. Date signed 6-3-44

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

MOTHER FATHER

RECEIVED

6/20/44
District Health Officer No. _____
District File Number 644-124
Date Filed 6/20/44

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, or by.....

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

Signed *Carley Thompson*
Licensed Embalmer No. 3259
P. O. Address *Neosho, 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.