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**FILED** OCT 1 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 137

Primary Registration District No. 5518

Registrar's No. 179

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town MONTROSE, WALKER TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE  
(Specify whether  
In this community LIFE  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42  
(c) City or town Montrose  
(If outside city or town limits, write "RURAL")  
(d) Street No. Walker Twp.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

JOSEPH HENRY HARNES

3. (b) If veteran,

name war NONE

3. (c) Social Security

No. NONE

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife  
LAURA WILLARD HARNES

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

7. Birth date of deceased Oct  
(Month)

6 1871  
(Day) (Year)

8. AGE:

Years 74 Months 11 Days 15  
If less than one day  
hr. min.

9. Birthplace MONTROSE  
(City, town, or county)

MO.  
(State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name WILLIAM HARNES

13. Birthplace ST. CHARLES MO  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN MULLON

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

16. (a) Informant Harvey Harnes

(b) Address Union, Mo. R.H. 1

17. (a) BURIAL (b) Date thereof Sept. 25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director H. V. Vansant

(b) Address Clinton, Mo

19. (a) 9-27-46 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M

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

Immediate cause of death  
Deceased was found dead in his home on 9/23/46 but all due indications were he died on 9/21/46. He had heart trouble and death was apparently due to coronary occlusion (immediate)

Duration

PHYSICIAN

Major findings:

Of operations

Of autopsy

Q4A

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? 3

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature R. P. Gallagher Date signed 9/24/46  
Address Clinton, Mo

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

SEP 9 1947

RECEIVED  
D. ... Office No. 7,  
Dis. ... 9-46-482  
Date Filed ... 10-3-46

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, ~~by~~

Registered Apprentice No.

working under my personal supervision.

Signed *H. N. Cansant*

Licensed Embalmer No. *9779*

P. O. Address *Clinton*

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.