

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26857

State File No. _____

Registration District No. 53

Primary Registration District No. 1010

Registrar's No. 250

16
1
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 103

(a) State Missouri (b) County Stoddard
(c) City or town Advance
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nellie Mae Harnes

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8/12 1942, to 8/13 1942;
that I last saw her alive on 8/13 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard J. Harnes 6. (c) Age of husband or wife if alive one years
7. Birth date of deceased Dec 24 1894
(Month) (Day) (Year)

Immediate cause of death _____

Acute Pericarditis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 9/10

8. AGE: Years Months Days If less than one day
47 7 19 hr. min.

9. Birthplace Advance Mo:O
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edw Beard

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

14. Maiden name Minnie Harnes

15. Birthplace Mo:O
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard J. Harnes

(b) Address Advance, Mo.

17. (a) Burial (b) Date thereof Aug 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Advance, Mo.

18. (a) Signature of funeral director Wm. J. Morgan

(b) Address Advance, Mo.

19. (a) 8-27-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

Major findings: Of operations as above
Of autopsy _____

Duration

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 Ed Beard (M. D. or other) _____
Address Cape Girardeau Date signed 8/26/42

1014 (Licensed Embalmer's Statement on reverse Side)

RECEIVED

District Health Officer No: 4

District File Number 9-42-118

Date Filed 9-7-42

OCT 17 1944

APR 11 1951

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.....

Lloyd S. Morgan, Registered Apprentice No.....
working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. 3301

P. O. Address *Adrian, 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.