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.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 6127

1. PLACE OF DEATH
(a) County Buchanan 1 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 203
(c) City St. Joseph, (d) Street No. St. Joseph,s Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Harton 635
(a) Residence, No. 730 East Hyde Park Ave St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophia Harton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April.8.1860.
7. AGE: YEARS 77 MONTHS 10 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Employer
10. Date deceased last worked at this occupation (month and year): Jan.1.1932
11. Total time (years) spent in this occupation: 40 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): McGregor, Iowa. 1

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9 Unknown 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): A.J.Harton 730 E.Hyde Park Avenue
18. BURIAL, CREMATION, OR REMOVAL: Pleasant Grove
PLACE Effingham,Kans DATE Febr.15. 1938
19. FUNERAL DIRECTOR (ADDRESS): H.O.Sidenfaden & Son 1802 Union Str St.Joseph,Mo.
20. FILED 2-14 1938 H.J. Nestlebush Bly Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Febr.12. 1938
22. I HEREBY CERTIFY, That I attended deceased from 2-4 1938, to 2-12 1938
I last saw him alive on on 2/12 1938. Death is said to have occurred on the date stated above, at 9.40P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Inefficiency	2/10/38
11a	
Other contributory causes of importance:	
Influenza	2-1-38
Bronchopneumonia	2/4/38

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) O.S. Pearson, M. D.
(Address) 620 Francis

(Licensed Embalmer's Statement on Reverse Side)

For affidavit see misc file no 64 - 1938

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E.

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)