

REC'D APR 11 1939

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

10149
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 307
 (c) City St. Joseph (d) Street No. 6510 Lake Ave. 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 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Marion Harbison
 (a) Residence, No. 6510 Lake Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Edith Harbison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 11 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Henderson Co.
 (STATE OR COUNTRY) Ill.

13. NAME Jasper Harbison

14. BIRTHPLACE (CITY OR TOWN) Union
 (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Sarah Green

16. BIRTHPLACE (CITY OR TOWN) Union
 (STATE OR COUNTRY) Ill.

17. INFORMANT Albert Harbison,
 (ADDRESS) Elmo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burr Oak Cemetery Mar 25 1939

19. FUNERAL DIRECTOR (NAME) Priel Funeral Home
 (ADDRESS) Marysville Mo.

20. FILED Mar 23 1939 W. J. Metelush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21-1939 to 3-23-1939

I last saw him alive on 3-22-1939. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 3-17-39

Other contributory causes of importance: 105

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? m

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.
 so, specify _____ (Signed) Dr. J. H. Lewis M. D.
 (Address) 873 Jerome St. Joseph Mo.

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.

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,

John W. Price

....., or by

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

Signed.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address.....

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.