

REC'D JUN 20 1939

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

18130
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Washington Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. 511 N. Noyes 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 511 N. Noyes 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 MALE 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LORA HARRIS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27th 1885
7. AGE YEARS 54 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mgr. Oil Co.
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) (STATE OR COUNTRY) Sterling NEB
13. NAME Oliver Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Kittie Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sterling NEB
17. INFORMANT (ADDRESS) Mrs. Lora Harris 511 N. Noyes St. Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE JUNE 15th 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo
20. FILED June 15, 1939 A. J. Nestel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 13th 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-13-1939 to 6-13-1939, 1939
I last saw h. alive on 6-13-1939, 1939 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 6/13/39
essential hypertension
several years
Other contributory causes of importance:
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 L. Chasman, M. D.
85 (Signed) L. Chasman, M. D.
412 Comp. Atty. 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, or by.....

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

Signed

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address

St. Joseph

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.