

JAN 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41859

State File No.

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1302**

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether 1)  
In this community 35 years  
years, months or days

3. (a) PRINT FULLNAME ELISHIA A. HARDING

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bartie Harding

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

7. Birth date of deceased Feb. 17th. 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	25	hr. min.

9. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business

MOTHER FATHER

12. Name Joel Harding

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

14. Maiden name Sarah Turley

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

16. (a) Informant Nora Harding

(b) Address 608 Corby St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 12-13-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 308 1/2 Felix  
(If rural, give location)

(e) If foreign born, how long in U. S. A.                      years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th.  
year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 11, 1940, to Dec 12, 1940,  
that I last saw him alive on Dec 11, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Sclerosis of coronary vessels

Due to X

Other conditions 10/1  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations X

Of autopsy gc

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
85  
(Specify type of place)

While at work? Open W Store  
(b) Means of injury

23. Signature [Signature] (M. D. or other) MD

Address St. Joseph, Mo. Date signed 12-13-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*Carl W. Harve*

Licensed Embalmer No. ....

*3955*

P. O. Address.....

*St Joseph, 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.**