

FILLED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31111

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 938

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: ST-JOSEPH-HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 WKS - 5 DAYS
 (Specify whether
 In this community 25 YRS - 1 DAY
 years, months or days)

3. (a) PRINT FULL NAME

ALBERT-S-HARRIS

3. (b) If veteran,

name war NO

3. (c) Social Security

493-14-56444. Sex Male5. Color W6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Nellie M. Harris

6. (c) Age of husband or wife if

alive 45 years

7. Birth date of deceased

March 28 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>6</u>	<u>0</u>	hr. min.

9. Birthplace

Near Leavenworth Pa
(City, town, or county) (State or foreign country)

10. Usual occupation

School Teacher

11. Industry or business

MOTHER FATHER {
 12. Name Jefferson Harris
 13. Birthplace Weston Mo, O
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Scott
 15. Birthplace Weston Mo, O
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie M. Harris(b) Address Industrial City Mo17. (a) burial (b) Date thereof 9-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ashland Cem,18. (a) Signature of funeral director Ray Steiner(b) Address St Joseph Mo19. (a) 9-29-1941 (b) H. J. Westphal
(Date received local registrar) (Registrar's signature)

OO (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
 year 1941 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 1
1941 to Sept. 28 1941
 that I last saw him alive on Sept. 28, 41 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Colon
(Caecum)
 Due to metastases of cancer
to liver & Peritoneum

Due to

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Colon
& liver metastases of cancer
 Of autopsy _____

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 none
 (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? none
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Westphal (M. D. or other) _____
 Address St Joseph Mo Date signed 9/29/41

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

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.....

William T. Hiron....., Registered Apprentice No. *306*
working under my personal supervision.

Signed.....

John Roy Stoney
Licensed Embalmer No. *2435*

P. O. Address.....
St Joseph MO

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

If this body is not embalmed, fact should be so stated above.