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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
MISSOURI NOV 1 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34345**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **991**

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
823 1/2 Main St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 25 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan //  
(c) City or town St. Joseph //  
(If outside city or town limits, write "RURAL") //  
(d) Street No. 823 1/2 Main St.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Harvey Harris  
(b) If veteran, name war None (c) Social Security No. 488-14-4290

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 13th day October  
year 1941 hour 4 minute A.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lucy C. Harris  
6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased May 19 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased on  
Oct 13th, 1941, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>4</u>	<u>24</u>	hr. <u>56</u> min.

Immediate cause of death  
Chronic Mitral Insufficiency 1 year  
Chronic Asthma 1 year

9. Birthplace Oxford, Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation Common Laborer

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 92b

11. Industry or business Any Thing

MOTHER FATHER { 12. Name Richard P. Harris

13. Birthplace Oxford, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Meeks

15. Birthplace Oxford, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Billie Lane

(b) Address 602 1/2 So. 7th St.

17. (a) Burial (b) Date thereof Oct. 15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Morn Cemetery

18. (a) Signature of funeral director Mrs. E. S. Sidenfaden, F. Home

(b) Address 602 South 10th St.

19. (a) Oct. 15, 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no

PHYSICIAN

Duration
<u>1 year</u>
<u>1 year</u>

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Coroner

23. Signature H. F. Munday (M. D. 10/14/41)  
Address 404 So 3rd St Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

*for the whole*

**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 *R. V. Wood*

Licensed Embalmer No. *3876*

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.