No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37897

FILED DEC 10 1941

Registration District No. 1001

Primary Registration District No. 1001

Registrar's No. 1129

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: STATE HOSPITAL No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 5 mo (Specify whether years, months or days)
In this community Several yrs.

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. 2508 Oak St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edna Vernon Harris
3. (b) If veteran, name war —
3. (c) Social Security No. NO
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Octa
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July (Month) - 14 (Day) - 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	4	9	hr. min.

9. Birthplace Benton Co. (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Frank Harris
13. Birthplace ? (City, town, or county) 9 ? (State or foreign country)
MOTHER
14. Maiden name Sarah Cash
15. Birthplace ? (City, town, or county) 6 ? (State or foreign country)
16. (a) Informant Mrs Octa Harris
(b) Address 2508 Oak St. St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem
18. (a) Signature of funeral director Roy Stanley
(b) Address St Joseph Mo
19. (a) Nov 24, 1941 (Date received local registrar) (b) A J Mustlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1941 hour 5:10 minute P. M.
21. I hereby certify that I attended the deceased from 6-24-~~40~~, 1940, to 11-23, 1941; that I last saw him alive on Nov 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia	10 ds.
Arteriosc. - hypertension	?
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

10 7

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
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature T. J. O'Dell (M. D. ~~or other~~) M.D.
Address St. Joseph Date signed 11/24/41

85

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1941

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 [redacted]

..., Registered Apprentice No. ...

working under my personal supervision.

Signed John Roy Slaney

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 wi the above constitutes grounds for revocation of license.)

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