S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10257

Primary Registration District No. 1001

Registrar's No. 266

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

011 1 7

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: 211 E Missouri (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: / (Specify whether years, months or days)

In this community: 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St Joseph 011 (If outside city or town limits, write "RURAL") 1

(d) Street No.: 211 E Missouri 7 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Emma Dorothy Harling

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Fred Harling

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

7. Birth date of deceased: Apr (Month) 18 (Day) 1862 (Year)

8. AGE: Years 79 Months 10 Days 24 If less than one day ——— hr. ——— min.

9. Birthplace: Creth (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Fred Fischer

FATHER 13. Birthplace: (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name: Wilhemina Unknown

MOTHER 15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Fred P Harling

(b) Address: St Joseph Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 13 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Mora Cemetery

18. (a) Signature of funeral director: Fleeman & Lowe

(b) Address: St Joseph Missouri

19. (a) 3-13-42 (Date received local registrar) (b) H. J. Mattlebach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 12 year: 1942 hour: 6 minute: 40 A.M.

21. I hereby certify that I attended the deceased from Dec 27-41, 1941 to Mar 12 1942 that I last saw her alive on Mar 12 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	9 mo
Due to:	
Due to: 93d	
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings: Of operations: —

Of autopsy: no

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: D

23. Signature: H. H. Kearby (M. D. or other) MH

Address: St Joseph Mo Date signed: 3-12-42

(Licensed Embalmer's Statement on Reverse Side)

Kearby

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~~ me

3-12-42, Registered Apprentice No.....,

working under my personal supervision.

Signed. Geo E Daniel

Licensed Embalmer No. 3300

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.