

S. No. 2  
M-1-4-41  
v. 5-17-39  
I X28398

20699

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED JUL 20 1942  
Registration District No. 45

Primary Registration District No. 1001

Registrar's No. 661

11  
7  
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:  
Ms Meth Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
Specify whether \_\_\_\_\_

In this community 28 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. 223 West Leadore  
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Henry Harris

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1942 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 6 1942 to July 7 1942  
that I last saw him alive on July 7 1942  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Apr 15 1864  
(Month) (Day) (Year)

Immediate cause of death congested heart failure  
Myocarditis

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

78	2	22	hr. _____ min.
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Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 922

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

10. Usual occupation north western Rail Road

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Gila Stevens

(b) Address 1611 S St Joseph Ave

17. (a) Burial (b) Date thereof July 9 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Auburn

18. (a) Signature of funeral director Therman F Landon

(b) Address St Joseph Missouri

19. (a) 7-9-42 (b) Bose Hugg  
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury \_\_\_\_\_

23. Signature Clayton W. W. W. (M. D. or other) MD

Address St Joseph Mo Date signed 7-7-42

1233 (Licensed Emballer's Statement on Reverse Side)

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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

*John A. Hurley*

Licensed Embalmer No.

*4050*

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.**