S. No. 2
M—5-42
, 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

3-2-39
7-27-42

State File No. 29829

Registrar's No. 883 (883)

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: 3118 Seneca Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not (Specify whether
In this community: 5 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.: 3118 Seneca Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Julia Ann Harter

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

3. (c) Social Security No.: None

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Joseph W. Harter

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

7. Birth date of deceased: April (Month) 19 (Day) 1869 (Year)

8. AGE: Years 73 Months 4 Days 15 If less than one day hr. min.

9. Birthplace: Licking County (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry L. Snider
13. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Katherine Sprinkle
15. Birthplace: Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant: Harry L. Wright
(b) Address: 3118 Seneca St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 - 6 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Holden Cemetery
Holden, Mo.

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 13th. & Faraon St., St. Joseph, Mo.

19. (a) 9-6-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 4th.
year: 1942 hour: 6 minute: A. M.

21. I hereby certify that I attended the deceased from Mar. 2, 1939 to Sept. 4, 1942 that I last saw her alive on July 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	9-4-42
Due to: Arteriosclerosis	Intermittent
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94	
Major findings: Of operations:	
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:
(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? Means of injury:

23. Signature: [illegible] (M. D. or other) M.D.
Address: [illegible] Date signed: 5-4-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

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.