. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5845

Registration District No. FILED MAR 8 1943

Primary Registration District No. 1008

Registrar's No. 203

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: 1214 North/10th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year (Specify whether In this community 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

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

(d) Street No. 616 Main St 7 (If rural, give location)

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

If yes, name country no 0

3. (a) PRINT FULL NAME George Washington Harber

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife Lydia

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 94 | Months | Days | If less than one day hr. min.

9. Birthplace Honesville, (City, town, or county) 1 Virginia (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business unknown

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant M. E. Harber
(b) Address 305 West Hyde Park Ave. St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home
(b) Address 218 South 10th St St Joseph Mo

19. (a) 2-15-43 (Date received local registrar) (b) Rae Hergog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1943 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 10 1943 to Feb - 13 1943 that I last saw him alive on Feb - 12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Artero Sclerosis & H.B.P.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83 a	
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? (e) Means of injury

23. Signature J. R. Elliott (M. D. or other) MW

Address 801 E Francis St Joseph Mo Date signed 2-15-43

1285

(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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address Savannah,

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.