

FILED JUN 20 1943

Registration District No. 42

Primary Registration District No. 1080

Registrar's No. 690

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:  
531 W. Chestnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 36 Years  
years, months or days

3. (a) PRINT FULL NAME Harriett Lanham

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

7. Birth date of deceased May 20 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>1</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER  
12. Name unknown Allen  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Martha Petty  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Lanham  
(b) Address 531 W. Chestnut St. Joseph, Mo

17. (a) Burial (b) Date thereof 6-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun St. St. Joseph, Mo

19. (a) 6-26-43 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

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. 1002 No. 2nd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd  
year 1943 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from May 14-43  
\_\_\_\_\_ 19 \_\_\_\_\_ to June 23 1943

that I last saw her alive on June 10  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Dis. Arterio Scler. Duration years

Due to arterio scler year

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

Other conditions Diabetes 61 yr  
(Include pregnancy within 3 months of death)

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

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

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) (e) Means of Injury \_\_\_\_\_

23. Signature R. D. Simon (M. D. or other) Mo  
Address St Joseph Mo Date signed 6-24-43

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

**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

working under my personal supervision.

~~Registered Apprentice No.~~

Signed

*Robert H. Yapple*

Licensed Embalmer No.

*3308*

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.**