

3. No. 2
M-2-43
5-17
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24381**

FILED AUG 5 1943

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **723**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **Missouri Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
In this community **32 years 8 months 11 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **Rural Easton**
(If outside city or town limits, write "RURAL")
(d) Street No. **Road # 2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **/**

3. (a) PRINT FULL NAME **Waldow William Harr**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **October 17 1910**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 8 11 hr. min.

9. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign county)

10. Usual occupation **Telephone Lineman**

11. Industry or business _____

12. Name **Christian Harr**

13. Birthplace **Andrew County Missouri**
(City, town, or county) (State or foreign county)

14. Maiden name **Lilly Vogel**

15. Birthplace **Andrew County Missouri**
(City, town, or county) (State or foreign county)

16. (a) Informant **Lillie Vogel Harr**
(b) Address **R.R. #2, Easton, Missouri**

17. (a) **Burial** (Burial, cremation, or other) (b) Date thereof **7-1-1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **Cosby Evangelical Cemetery**

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

19. (a) **7-1-43** (Date received local Registrar) (b) **Rose Hazy** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28th.**
year **1943** hour **10:30** minute **P.**

21. I hereby certify that I attended the deceased from **June 18** to **June 28**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of cervical spine. Dislocation of cervical spine.**

Due to **1800**
Due to **39**

Other conditions **Hypostatic pneumonia 8 days**
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____
Of autopsy **As above**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident / 11**

(b) Date of occurrence **June 18, 1943**

(c) Where did injury occur **East Buchanan Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While working on telephone line
While at work? **Yes** (Specify type of place) (e) Means of injury **Fall**

23. Signature **Harold J. Brunno** (M. D.)
Address **St. Joseph, Mo** Date signed **6-29-43**

Duration **16 days**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert R. Harrington
Licensed Embalmer No. 3258 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.