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FILED MAY 31 1944  
Registration District No. 72

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

Primary Registration District No. 1000

Registrar's No. 539

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: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St Joseph 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1302 Francis 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA - E - HARRIS

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

4. Sex Female / race White 5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 2 - 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 7 22 hr. min.

9. Birthplace Buchanan County mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

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

12. Name Riley House

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

14. Maiden name Luisa Fidler

15. Birthplace Buchanan Co. mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. F. Jeffers

(b) Address Gowey mo

17. (a) Burial (b) Date thereof May 26, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier

18. (a) Signature of funeral director H. A. Sullivan

(b) Address 24 W. E. mo

19. (a) 5/26/44 (b) Helen J. Puckle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1944 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from May 12 1944 to May 24 1944  
that I last saw h. alive on May 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
about 1 yr

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d

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 H. C. Barrman, M.D. (M. D. or other) \_\_\_\_\_

Address 600 Francis St. St. Joseph, Mo. Date signed 5-26-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 H. A. Sullivan  
Licensed Embalmer No. 1938  
P. O. Address Gower 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.**