. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1944

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3012

State File No. 37492

Registrar's No. 159

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 yr., 1 mos., 1 day (Specify whether years, months or days)

In this community: 1 yr. 1 mo., 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ST. Louis

(c) City or town: ST. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 4915 Mardel
(If rural, give location)

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

If yes, name country: "

3. (a) PRINT FULL NAME: James J. Harte

3. (b) If veteran, name war: World War

3. (c) Social Security No.: Yes, not remembered

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Wife, Margaret Harte

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: October 5, 1897 (Month) (Day) (Year)

8. AGE: Years 47 | Months 1 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace: Brownington, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Street Paving

11. Industry or business: " "

FATHER
12. Name: William Harte
13. Birthplace: -- (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name: Delilah Hanrahan
15. Birthplace: -- (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration,
(b) Address: Excelsior Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-20-44 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ of removal St. Louis, Mo.

18. (a) Signature of funeral director: Herbert Hope
(b) Address: HERBERT HOPE Excelsior Springs, Mo.

19. (a) 11-26-44 (Date received local registrar) Miss Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1944 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from August 19, 1943 to November 20, 1944; that I last saw him alive on November 20, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic, far advanced, active, severe, IV	unknown
Due to	
Due to	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	

1341

Major findings:
Of operations:
Of autopsy: NO 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? --
While at work? (Specify type of place) (e) Means of injury: --

23. Signature: Ernest H. Tapp (M.D. or other) MD
Address: Veterans Administration, Excelsior Springs, Mo. Date signed: 11-20-44

11-6 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8,

District File Number

Filed 12-7-47

FEB 28 1945

JAN 21 1957

MAR -6 1945

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 Jas G. Moles

Licensed Embalmer No. 3296.

P. O. Address Ex. Springs 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.