

S. No. 2
M-8-43
5-17-39
PI X37822

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40664**
Registrar's No. **1310**

FILED JAN 1 1945
Registration District No. **22**

Primary Registration District No. **1600**

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

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:
3815 Mitchell
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **5 1/2 yrs**
years, months or days

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") **1**
(d) Street No. **3815 Mitchell**
(If rural, give location) **7**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **NI**

3. (a) PRINT FULL NAME **C. M. Harris**
(b) If veteran, name war **-**
(c) Social Security No. **?**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Alice M.**
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 9 1893**
(Month) (Day) (Year)

8. AGE: Years **51** Months **8** Days **14**
If less than one day _____ hr. _____ min.

9. Birthplace **St Joseph Mo. 17**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business _____

MOTHER FATHER {
12. Name **Chas F Harris**
13. Birthplace **?** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan Elizabeth Humphrey**
15. Birthplace **?** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tom Harris**

(b) Address **St Joseph, Mo**

17. (a) **Burial** (b) Date thereof **12-26-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

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

(b) Address **St Joseph, Mo.**

19. (a) **12-26-44** (b) **Delbert Pickle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **23**
year **1944** hour **2** minute _____ P.M.
21. I hereby certify that I attended the deceased from **Nov 16 1944** to **Dec 18 1944**
that I last saw him alive on **Dec 18 1944**
and that death occurred on the date and hour stated above.
Immediate cause of death **Met. Carcinoma of esophagus (second)**
Carcinoma of esophagus (Primary)
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) **H62**
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Frank Hardyan** (M. D. or other)
Address **620 Ance** Date signed **12/27/44**

1377

MAR 15 1941

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 _____

Robert H. Yaph

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.