V. S. No. 2
DM—9-4-41
ev. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40665

State File No.

FILED JAN 1 1945

Registration District No. 42 Primary Registration District No. 1 Registrar's No. 1306

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: State Hospital No. 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 11 mos. 29 days (Specify whether years, months or days)
In this community 32 years.

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. unknown.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Harris.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased 1 (Month) — 6 (Day) — 1871 (Year)

8. AGE: Years 73 Months 11 Days 1 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Cook.
11. Industry or business Restaurant Cook.
FATHER
12. Name unknown.
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Harold Stanton.
(b) Address 108 N. 2nd St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mt.
18. (a) Signature of funeral director Pumphrey & Son Mort.
(b) Address 1602 Mitchell St.
19. (a) 12-9-44 (Date received local registrar) (b) Helen J. Rickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1944 hour 7 minute 30 A. M.
21. I hereby certify that I attended the deceased from 1-1-1944 to 12-7-1944, that I last saw him alive on 12-6-1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Glomerulo-nephritis chronic	20 years
Due to:	
Due to: urethritis chronic (gonococcal)	33 years
Other conditions: Stictures of urethra - (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. H. Morrowey (M. D.)
Address State Hospital No. 2. Date signed 12-7-44.

1377

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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 I. F. Ramsey,

#4081 → Licensed Embalmer No. 1602 Messan

P. O. Address St Joseph

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.