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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40573

State File No. ...

FILED JAN 8 1946

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1330

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: 2815 Felix (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ... (Specify whether In this community 3 years 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")

(d) Street No. 2815 Felix (If rural, give location)

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

If yes, name country ...

3. (a) PRINT FULL NAME Floyd Harrah

3. (b) If veteran, name war — (c) Social Security No. ~~Not stated~~ 498-24-5700

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gladys

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Feb (Month) 27 (Day) 1880 (Year)

8. AGE: Years 65 Months 9 Days 13 If less than one day ... hr. ... min.

9. Birthplace James Port (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Grocery Salesman

11. Industry or business ...

12. Name William Harrah

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

14. Maiden name Un Known

15. Birthplace Un Known (City, town, or county) (State or foreign country)

16. (a) Informant Gladys Harrah

(b) Address St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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

(b) Address St Joseph, Mo.

19. (a) Dec 17-1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1945 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from Aug Aug 1945 to Dec 10, 1945 that I last saw him alive on ~~Sept~~ 10th 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ... Of autopsy ... 83K

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 [signature] DO (M. D. or other) D.O.

Address 823 Faraon Street Date signed 12-12-45

ST. JOSEPH

1428

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1963

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 K Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

"Death"

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan

State File No.

Local Registrar's No. 1330

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of Jan, 1946, before me appears Gladys Harrah, who, upon her oath, states that the original record of ~~birth~~ death for Floyd Harrah, died ~~born~~ Dec. 10, 1945, in the State of Missouri, and which was filed at St. Joseph on 12-17, 1945, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

at Sec. # Item No. 3 c should read 498-24-5700

Instead of ~~Attend~~ not stated

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

wife Item No. 6 c should read 52

Instead of 62

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gladys B. Harrah wife
Relationship.

2815 Felix St. Joseph Mo.
Present Address

Subscribed and sworn to before me this 21st day of Jan., 1946.

My Commission expires March 29, 1947 Madge Cannon Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
I X37817

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