

**FILED** MAR 28 8 1946

Primary Registration District No. **1000**

Registrar's No. **158**

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 # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 17 days in hospital or institution 40 years (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Cordia A Harris

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Virvan Johnson

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

7. Birth date of deceased April 24 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>9</u>	<u>10</u>	hr. min.

9. Birthplace Buchanan Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business at home

12. Name John Haverdon

13. Birthplace not given  
(City, town, or county) (State or foreign country)

14. Maiden name Celia Wilson

15. Birthplace not given  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records

(b) Address St. Joseph

17. (a) buried (Burial, cremation, or removal)

(b) Date thereof 2/31/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Moray, Kansas

18. (a) Signature of funeral director Bert & Bawner

(b) Address St. Joseph, Mo.

19. (a) Feb 6, 1946 (Date received local registrar)

(b) St. Matthews (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1304 Illiana  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/4 day 30  
year 1946 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from Nov 12  
1945 to Feb 4 1946  
that I last saw her alive on Feb 2 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from rectum Suddenly  
Duration

Due to Carcinoma of Rectum  
a few months

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 46d

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 [Signature] (M. D. or other)

Address State Hospital # 2 Date signed 3/4 1946  
St. Joseph, Mo.

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, on 4 Feb 4

Registered Apprentice No. ✓

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

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.