

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

19520

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 760

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 1823 N 2nd St
(d) Length of stay: In hospital or institution none
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(d) Street No. 1823 N 2nd St
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME George Harris
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive not stated
7. Birth date of deceased April 26 1886

8. AGE: Years 60 Months 1 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Missouri

10. Usual occupation Farmer

11. Industry or business _____

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant Social Security Corp
(b) Address Pater Hall St Joseph Mo

17. (a) Burial (b) Date thereof 6-27-46
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Barry General
(b) Address St Joseph Mo

19. (a) July 3, 1946 (b) [Signature]

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1946 hour 5 minute AM
21. I hereby certify that I attended the deceased from March 13
1946, to June 24, 1946;
that I last saw him alive on June 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 12 hrs

Due to Chronic Myocarditis 5 yrs.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 946

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. M. Jacobson (M. D. or other) _____
Address Kirkpatrick Bldg. Date signed 6-27-46

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.