S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

FILED OCT 28 1946

State File No. 32776

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1186

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: 718 South 18th., Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not (Specify whether
In this community: 37 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.: 718 South 18th. Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frederick John Harder
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male C
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Harder
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: May (Month) 16 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	5	2	hr. min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Retired Stock Clerk
11. Industry or business:

FATHER
12. Name: Albert Harder
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mary Harder
(b) Address: 718 So. 18th., St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/ 21/ 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon, St. Joseph, Missouri.
19. (a) Oct. 24, 1946 (Date received local registrar) (b) H. J. Nestlehuch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th. year 1946 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug 15, 1946 ~~Oct 18~~, 1946, to Oct. 18, 1946; that I last saw him alive on Oct 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Embolism	3 days
Due to Cardio Vascular Renal Disease	3 yrs.
Due to Arteriosclerosis	5 yrs.
Other conditions (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: Gordon D. Wright M.D. (M. D. or other)
Address: 545 S. 19th St Joseph 18 Mo Date signed: 10/19/46

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(Licensed Embalmer's Statement on Reverse Side)

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 Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.