

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7953**
Registrar's No. **385**

Registration District No. **42** Primary Registration District No. **1000**

11
9
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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours
(Specify whether years, months or days)

In this community 13 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. 1506 5th Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Iva Harter

3. (b) If veteran, name war None

3. (c) Social Security No. 493-1P-8156

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Minor Coxbill

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

7. Birth date of deceased September 6 1893
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>53</u> | <u>6</u> | <u>11</u> | hr. _____ min. |

9. Birthplace James Town Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Silk spotter

11. Industry or business Hodson Cleaners

12. Name Daniel Harter

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

14. Maiden name Susannah Vinison

15. Birthplace Marion County Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Austin Harter

(b) Address Hodson Cleaners, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Falter Meierhoffer

(b) Address 1945 Colhoun St., St. Joseph, Mo.

19. (a) 3-18-47 (Data received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1947 hour 3 minute 12 A.M.

21. I hereby certify that I attended the deceased from March 16 1947 to March 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Ursemia (Acute)

Due to nephritis

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None

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? _____

23. Signature J. H. Allman (M. D.)
Address City, Mo. Date signed 3/17/47

APR 9 1947

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.....

Geo. Kingbermuehle....., Registered Apprentice No. *508* *Missouri*.....
working under my personal supervision.

Signed *Albert C. Harrington*.....

Licensed Embalmer No. *3258* *Missouri*.....

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.

Albert C. Harrington