

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20133

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 784

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: MO. METHO. HOSPITAL 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 hrs.
(Specify whether years, months or days)
 In this community 30 hrs.

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. 2401 St. Joseph, Ave. 7
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry Keith Harman

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased June 24 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>1</u>	<u>5 hr. 50 min.</u>

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles Marshall Harman 0

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

14. Maiden name Melba Lee Ringes

15. Birthplace Independence Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Melba Harman

(b) Address 2401 St. Joseph Ave - City

17. (a) Burial (b) Date thereof June 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Stamey Funeral Home

(b) Address 2335 St. Joseph Ave, St. Joseph, Mo

19. (a) 6-27-47 (b) B. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
 year 1947 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 24 1947 to June 25 1947
 that I last saw him alive on June 25 and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia Duration _____

Due to _____

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: 159
 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) no

(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 Charles Harman (M. D. or other) _____
 Address St. Joseph, Mo Date June 28

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 John L. Hurley

Licensed Embalmer No. 4050

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.