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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23425

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 930

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: Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County ~~Buchanan~~ Cook
(c) City or town Chicago 979 (If outside city or town limits, write "RURAL")
(d) Street No. 2112 So May Str. 11 (If rural, give location)
(e) Citizen of foreign country? Do not know (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME JOHN- HARAMIA
3. (b) If veteran, name war Do not Know
3. (c) Social Security No. 335-09-1819
4. Sex M
5. Color or race wht
6. (a) Single, widowed, married, divorced Do not Know
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased about 1884 (Month) (Day) (Year)

8. AGE: Years about 63 | Months ? | Days ? | If less than one day hr. min.
9. Birthplace Yugoslavia (City, town, or county) (State or foreign country)
10. Usual occupation Track worker for
11. Industry or business Chi. Grt. Western R.R.
FATHER
12. Name Do not Know
13. Birthplace Yugoslavia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Do not Know
15. Birthplace Yugoslavia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Jos. E. Irick
(b) Address Chicago Ill
17. (a) B (Burial, cremation, or removal) (b) Date thereof Aug 7 1947 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Stanley Funeral Home
(b) Address St Joseph Mo
19. (a) 8-9-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 3 ∇ 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from July 31st 1947, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Excessive heat	
Due to	
Due to	
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: 131
(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 B. W. Tadlock Coroner (M. D. or other)
Address KING HILL BLDG. Date signed 7/31/47 St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1941

SEP 30 1948

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 Charles M Harman, Registered Apprentice No. 450, working under my personal supervision.

Signed John Roy Stamey

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.