No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26822

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1052

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: 2907 Olive Street Not (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Not (Specify whether years, months or days)

In this community: 65 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.: 2907 Olive Street (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Edwin Waldorf Hartsough

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Ida Hartsough

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

7. Birth date of deceased: August (Month) 19 (Day) 1876 (Year)

8. AGE: Years 71. Months 0 Days 12 If less than one day hr. min.

9. Birthplace: Hardin County (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Retired Yard Clerk

11. Industry or business: St. Joseph Terminal R.R.

MOTHER FATHER

12. Name: Albert L. Hartsough

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Harriett Louise (unknown)

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Miss. Hazel Milliken

(b) Address: 2907 Olive St., St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept. 4, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Wilcox, Mo.

18. (a) Signature of funeral director: Walter Meierhoffer

(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 9-3-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st year 1947 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 14, 1947 to Aug 29, 1947; that I last saw him alive on Aug 29 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: coronary sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 94A

Of autopsy:

PHYSICIAN — Underline the cause of 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: 0

23. Signature: E. Handler (M. D. or other) M.D.

Address: Physicians + Surgeons Building Date signed: Sept 2, 47

St Joseph Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 21 1947
OCT 17 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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed: Elbert R. 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.