

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11607
Registrar's No. 413

| | | | | | | | | |
|---|---|--|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>413</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. JOSEPH</u> | | c. LENGTH OF STAY (In this place) <u>1 day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u> | | OR TOWN <u>0117</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3rd & Massamedia</u> | | | | d. STREET ADDRESS (If rural, give location) <u>514 No 10</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>HARRIS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1951</u> | | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>April - 1906</u> | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer & Pianist</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u> | | 11. BIRTHPLACE (State or foreign country) <u>Waco, Texas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>James Wm Harris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Simons</u> | | 14. NAME OF HUSBAND OR WIFE <u>Sydney</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>450-18-2815</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr L. H. Stout, Dallas Texas</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchopneumonia</u> | | | | | <u>1 day</u> | | |
| | ANTECEDENT CAUSES | | | | | | | |
| | DUE TO (b) <u>Acute Alcoholic poisoning</u> | | | | | <u>1 day</u> | | |
| | DUE TO (c) <u>Excessive exposure to rain and snow, and cold,</u> | | | | | <u>1 day</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Man was found dead in the vacant lot to the rear of the Alley Seed Co. building at Third and Massamedia Sts.</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| | | | | <u>3221</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| | | <u>Unmanned</u> | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>PM 4/13, 1951</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:50 A. m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. ³ Coroner</u> | | | 23b. ADDRESS <u>St Joseph Mo</u> | | | 23c. DATE SIGNED <u>4/13/51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | | |
| <u>Removal</u> | | <u>April 14, 1951</u> | | <u>Legg Funeral Home</u> | | <u>Dallas, Texas</u> | | |
| DATE REC'D BY LOCAL REG. <u>April 19, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Cash</u> | | F. FUNERAL DIRECTOR'S SIGNATURE <u>Barry Tunnel Home, St Joseph</u> | | ADDRESS | | |

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

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No..... 4212

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.