

S. No. 2
(-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 20 1947
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 58

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: State Hospital No. 2
(d) Length of stay: In hospital or institution 2 yrs. 4 mos. 12 days
In this community 2 years 4 months 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Liberty
(d) Street No. 420 N. Main St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WILLIAM M. HARRIS.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro
6. (b) Name of husband or wife unknown
7. Birth date of deceased 9-15-1878

20. DATE OF DEATH: Month 1 day 13
year 1947 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from 9-1-1947 to 1-13-1947
that I last saw him alive on 1-13-1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

8. AGE: Years 68 Months 3 Days 28

Due to Syphilis

9. Birthplace Liberty Missouri

Due to

10. Usual occupation Porter

Other conditions

11. Industry or business Commercial Laborer

Major findings: Of operations

12. Name George W. Harris

Of autopsy

13. Birthplace Glasgow Missouri

14. Maiden name Laura Bell Estes

15. Birthplace unknown Missouri

16. (a) Informant Guy Harris

17. (a) Burial (b) Date thereof 1/16/47

18. (a) Signature of funeral director

19. (a) 1-14-47 (b) G. H. Jenkins

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. H. Marquand (M. D. or other)

Address State Hospital No. 2 Date signed 1-13-47

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

MOTHER FATHER

FEB 22 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.....

E. Edgar Archer

Licensed Embalmer No..... *3311*

P. O. Address..... *2141 1st Ave*

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.