

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10307

State File No. _____

FILED APR 2 1942

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 313

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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 49 years. (years, months or days)

3. (a) PRINT FULL NAME Harry Banker Raidt

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 Married
6. (b) Name of husband or wife Delores Raidt 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased June 25 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 29 If less than one day
hr. min.

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

10. Usual occupation Cigar Store Operator

11. Industry or business _____

MOTHER FATHER { 12. Name John Raidt
13. Birthplace Buchanan County Missouri
14. Maiden name Margaret Connor (State or foreign country)
15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Delores Raidt
(b) Address 1912 Wank Ave. St. Joseph, Mo.

17. (a) Removal (Burial, cremation or removal) (b) Date thereof Mar. 26, 1942
(Month) (Day) (Year)
(c) Place: burial of cremation All Vista Cem't Weatherby, Mo.

18. (a) Signature of funeral director W. M. Squires
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 3-25-42 (Date received local registrar) (b) H. J. Weatherby (Registrar's signature) (c) Mo.

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. 1912 Wank Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1942 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 23 1942 to Mar. 24 1942
that I last saw him alive on Mar 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension Primary } unknown
Hepatitis Chronic }
Duration _____

Due to _____
Due to _____
Other conditions venemia } 6 days
(include pregnancy within 3 months of death)

Major findings: None } 13 1/2
Of operations None
Of autopsy None
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) _____
(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 DM.D.
23. Signature E. M. Squires (M. D. or other) DM.D.
Address 317 Winkpatrick Bldg Date signed 3-25-42

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert R. Harrington

Licensed Embalmer No. 3258

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.