MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17125

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kew — Primary Registration District No. 1004 — Registered No.
City Kansas City (No. 815 East 24th st St. Ward)

2. FULL NAME Mrs Emma Hazel Mitchell Harbison
(a) Residence. No. 815 E 24th st. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos Ellsworth Harbison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 - 1871

7. AGE: YEARS 56 — MONTHS 8 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer): mother
(c) Name of employer: formally meat Inspector Armour Packing Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lansing Michigan

PARENTS
10. NAME OF FATHER: Andre Meininger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Katherine Haas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT: F. E. Harbison
(Address) 815 E 24th St

15. FILED 5/11, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH Thursday

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1928

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1928, to May 10, 1928 that I last saw her alive on May 4, 1928, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Liver

44 B (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 4
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Condition Discovered at Operation

(Signed) Ward H. Leonard, M.D
5/10, 1928 (Address) 3232 Summit St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park Cemetery — DATE OF BURIAL: May 12 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD