

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

17261

Do not use this space.

1. PLACE OF DEATH **9 103**
 (a) County **Jackson** Registration District No. **399**
 (b) Township **Kaw** Primary Registration District No. **1002** Registered No. **1958**
 (c) City **Kansas City, Mo.** (d) Street No. **401 South Topping Ave., K. C., Mo.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **George F. Harrow**
 (a) Residence, No. **415 So. Bellaire Avenue, K. C., Mo.** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Hattie Harrow** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1st, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Grocery Store**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **1**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

FATHER 13. NAME **Joseph Harrow**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No Record**

MOTHER 15. MAIDEN NAME **Elizabeth Fredricks**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No Record**

17. INFORMANT **Hattie Harrow**
 (ADDRESS) **415 So. Bellaire Ave., K.C. Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mc. Wash.** DATE **May 12th, 1938**

19. FUNERAL DIRECTOR (NAME) **Mrs. C. L. Forster,**
 (ADDRESS) **918 Brooklyn Avenue, K. C. Mo.**

20. FILED **May 11, 1938 M. M. Crowe**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 10, 1938**

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him **Deputy Coroner** on **May 10, 1938** Death is said to have occurred on the date stated above, at **7:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Shot wound of head

Other contributory causes of importance: **167**

Name of operation..... Date of.....
 What test confirmed diagnosis..... Was there an autopsy **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **Suicide** Date of injury **5-10-1938**
 Where did injury occur? **K.C. Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Shot wound of head**
 Nature of injury **C. Myocard**

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **M. M. Crowe**, M. D.

(Address) **Kansas City, Mo.**

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.....

.....
Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.