REC'D JUL 15 1938

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

22084
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 404
(b) Township Washington — Primary Registration District No. 5558 — Registered No. 46
(c) City Kansas City, Mo. — (d) Street No. 8016 Walrond 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 Edward Campbell Harris 620
(a) Residence, No. 8016 Walrond St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF: Mrs. Eugenia Harris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 31, 1870
7. AGE: YEARS 68 — MONTHS 2 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

FATHER
13. NAME: Samuel L. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Mary Elizabeth Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs. Ray Stites, 8016 Walrond
18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Wichita, Kans. DATE June 15, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway, K. C. Mo.
20. FILED 7-9, 1938 R. V. Lindsey & Sons, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to June 13, 1938
I last saw him alive on June 13, 1938 Death is said to have occurred on the date stated above, at 2:15 PM
The principal cause of death and related causes of importance were as follows:
Valvr Insufficiency — Date of onset
92 W
Other contributory causes of importance: None
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓
24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) J. V. Ferrel, M. D.
366 (Address) 444 1/2 N 7 5

Roscoe H. Kuster (Licensed Embalmer's Statement on Reverse Side)

Dr. J. V. Ferrel
404 1/2 W. 75
notice 5 P.M.
500 W. 74

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 co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.