

RECORDED JUN 8 1939

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

17762
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson 3 Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City 1 (d) Street No. Rear of 1218 Campbell Registered No. 2164 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 625 Fred H. Harrison
 (a) Residence, No. 315 East 9th Street St. (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 (OR) WIFE OF Ruth Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 9 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
 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) Nebraska

FATHER
 13. NAME No Record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs Ruth Harrison
1512 Washington

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Hill DATE 5/25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO.
Kansas City, Mo.

20. FILED May 24, 39 M. M. Crome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-39 1939

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1939 1939
 I last saw Deceased Death is said to have occurred on the date stated above, at 9:30
 The principal cause of death and related causes of importance were as follows:
Gunshot wound of head
 Date of onset 1/10

Other contributory causes of importance: 1/10

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 Accident Date of injury _____, 1939
 Where did injury occur? W.P. No (Specify city, town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot by police
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify W.P. No
 (Signed) W.P. No M. D.
 (Address) W.P. No

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.

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.