

REC'D AUG 7 1939

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

24802
Do not use this space.

Registered No. 3015

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 1002
 (c) City Jackson City (d) Street No. 2000 Genessee 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. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosita Harrison
 (a) Residence, No. 1255 West 14th 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 Natiles Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1880

7. AGE YEARS 58 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck driver

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) Holden Mo

FATHER 13. NAME Green Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

MOTHER 15. MAIDEN NAME Mattie Johns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Reverend Charles J. C. Genessee

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 7-28-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. L. L. Foster 918 Brooklyn Ave. K.C. Mo.

20. FILED July 27, 1939 M. M. Groves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1939 to 7-27, 1939
 I last saw him alive on 7-27, 1939 Death is said to have occurred on the date stated above, at 4:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Septic arthritis; Acute and Chronic Dilation and Hypertrophy of Heart
 Date of onset 34

Other contributory causes of importance:
Subacute glomerular nephritis

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?..... 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) P. J. De Maria, M. D.
 (Address) Sup't. K.C. Genessee

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 20 1955

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 Theron G. Redmon

Licensed Embalmer No. 2737

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.