

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

31594
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson ² Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100 Registered No. 3692
 (c) City Kansas City (d) Street No. 2336 Flora Ave. St.
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

620 Florence Harris
 (a) Residence, No. 2336 Flora 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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Harris (Deceased)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1877
 7. AGE YEARS 62 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Unemployed
 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) Mo. /

FATHER 13. NAME Ed. Humphrey /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. /

MOTHER 15. MAIDEN NAME Sallie Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. /

17. INFORMANT (ADDRESS) Jeannette Lee
2336 Flora

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE Sept 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros.
2000 E. 12th St. K.C. Mo.

20. FILED Sept 21 1939 M. M. Grove
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1939, to 9-14-39, 1939
 I last saw alive on 9-14-39 1939 Death is said to have occurred on the date stated above, at 6 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Portia + Mited
Insufficiency of Ch.
 Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis Exp Exam. 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 CI

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) L. W. Booker, M. D.
 (Address) 2028 Vine St

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.

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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 Edw. G. Evans

Licensed Embalmer No. 3836

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.