

Registration District No. 398

Primary Registration District No. 5554

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural Independence  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R.R. 3 Box 208  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 10 yrs  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.R. 3 Box 208 Independence  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Anna Belle Harris 620

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl Harris 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29 1883  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>3</u>	hr. min

9. Birthplace Slaterun Indiana  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business "

12. Name Andrew Beangard

13. Birthplace No record Indiana  
 (City, town, or county) (State or foreign country)

14. Maiden name Liza E Collins

15. Birthplace No record Indiana  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl Harris

(b) Address R.R. 3 Box 208 Independence Mo

17. (a) Burial (b) Date thereof 10/5/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George B. Carson

(b) Address Independence Mo

19. (a) 10/5/39 (b) F. L. Cook 360  
 (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd  
 year 1939 hour About Noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 1939, 1937, to Oct 2, 1937,  
 that I last saw her alive on Sept 29, 1937,  
 and that death occurred on the date and hour stated above.

Immediate cause of death see dental records of  
Rabbital

Due to Insult usual Melon chaly.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence Yes  
 (c) Where did injury occur Home (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury poisoning

23. Signature Dr. J. L. Cook (M. D. or other) \_\_\_\_\_  
 Address 10309 Independence ave Date signed 9/18/39

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

AUG 30 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.....

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.**