

FILED MAR 11 1940

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Research Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 5 Days (Specify whether  
In this community 52 Years years, months or days)

3. (a) PRINT FULL NAME Mr. Thomas Robert Harber

3. (b) If veteran, name war World War Vat. 3. (c) Social Security No. 486-10-7294

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Edith Pauline Harber 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased March 21 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 10 26 hr. min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Purchasing Agent

11. Industry or business Kansas City Power & Light Co.

12. Name Charles A. Harber

13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Field

15. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Pauline Harber

(b) Address 7432 Belleview Avenue.

17. (a) Burial (b) Date thereof Feb. 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 18, 1940 (b) M. M. Asawa  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limit, write "RURAL")  
(d) Street No. 7432 Belleview Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th  
year 1940 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct. 12  
1939, to Feb. 16, 1940;  
that I last saw him alive on Feb. 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs

Due to Do not know unless it was cigarettes

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

Other conditions  
(Include pregnancy within 3 months of death)

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

Of autopsy Carcinoma of Broncheal tree & all of the vessels of the heart.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (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 \_\_\_\_\_

23. Signature Geo W Graham (M. D. or other) Feb. 17  
Address 518 Argyle Bldg. K.C. Mo. Date signed 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER.

PHYSICIAN

Underline the cause to which death should be charged statistically.

518 Maple St  
3-5

**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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address R. C. Mo.

**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.**