DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9639

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1073

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: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-7-40-3-6-40 (Specify whether

In this community 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2627 Euclid Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Leonard Harness 652

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bettie Harness

6. (c) Age of husband or wife if alive Unk 48 years

7. Birth date of deceased Nov. (Month) 19, 1880 (Day) (Year)

8. AGE: Years 59 Months 3 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation Hotel Worker

11. Industry or business

FATHER
12. Name Charley Harness
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Virginia Singleton
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk

(b) Address General Hospital #2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) Mch 8, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-6- day 6 year 40 hour 1 minute 50 A M.

21. I hereby certify that I attended the deceased from 2-7- 19 40 to 3-6- 19 40 that I last saw him alive on 3-6- 19 40 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Type of Heart Disease.	
Due to: Undetermined.	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy: Above Mentioned

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Gen. Hosp. #2 Date signed 3-6-40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 1 X19511

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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.