

S. No. 2  
-11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20746**  
Registrar's No. **2363**

Registration District No. **399**

Primary Registration District No. **1002**

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

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:  
**K.C. General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 days**  
In this community **18 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Harris Abel**  
(b) If veteran, name war **None**  
(c) Social Security No. **140-457-01-3270**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs. Dora B. Abel**  
6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **December 25 1876**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **5** Days **14**  
If less than one day hr. min.

9. Birthplace **Edinburgh** **Scotland**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clothing Cutter**

11. Industry or business **--**

MOTHER, FATHER { 12. Name **Unknown Harris**  
13. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Scotland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Dora B. Abel**  
(b) Address **2410 Jackson Avenue**

17. (a) **Burial** (b) Date thereof **June 10, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **D.V. Newcomer's Sons**  
(b) Address **1401 Brush Creek Blvd.**

19. (a) **June 10, 1940** (b) **M. M. Crave**  
(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 limits, write "RURAL")  
(d) Street No. **2410 Jackson**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8th**  
year **1940** hour **7** minute **40** A. M.

21. I hereby certify that I attended the deceased from **May 28th**, 19**40** to **June 8th**, 19**40**;  
that I last saw him alive on **June 8th**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Old perforation of bladder with pelvic abscess; gangrenous cystitis and chronic glomerular nephritis**

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **12/1**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **See above**

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 **1**  
23. Signature **A. J. De Maria M.D.** (M. D. or other)  
**Supt. K.C. Gen. Hospital, K.C. Mo.**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

**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 Emile W. Calhoun

Licensed Embalmer No. 3506

P. O. Address K 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.**