

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:  
2443 Flora  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community over 50 years  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Alexander R. Harris  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Male  
 5. Color or race Col.  
 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 1, 1865  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 29  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Keokuk Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

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

16. (a) Informant Frances Gilmore  
 (b) Address 2443 Flora

17. (a) burial (b) Date thereof 7/3/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hutchins Bros.  
 (b) Address 1729 Lydia

19. (a) July 3, 1940 (b) M. M. Brown  
 (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. 2443 Flora  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 30  
 year 1940 hour 9 minute 12 A. M.

21. I hereby certify that I attended the deceased from June 29  
1940 to June 30, 1940  
 that I last saw him alive on June 29, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to Stro  
 Due to \_\_\_\_\_

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

Major findings: Observed  
 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 \_\_\_\_\_  
 (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 1  
 23. Signature W. E. Turner (M. D. or other) \_\_\_\_\_  
 Address 1612 E. 12 Date signed \_\_\_\_\_

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

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

**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 Lucas 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.**