

Registration District No. **399**

Primary Registration District No. **1002**

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

I. PLACE OF DEATH

(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution: **Room # 2**
(d) Length of stay: In hospital or institution **30 Days**
In this community **30 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1207 E 32nd**
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **RICHARD HARRIS 62**

(b) If veteran, name war **No** (c) Social Security No. **496-05-9748**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7-21-40** year _____ hour _____ minute **9:30 P** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw _____ and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **H. Harris (Kertend)** 6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **June 30, 1896** (Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**

8. AGE: Years **40** Months **0** Days **22** If less than one day hr. _____ min.

Due to **Hypertension**
Due to **Vascular rupture**
Other conditions (Include pregnancy within 3 months of death) **1st 10**

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

10. Usual occupation **R.R. Porter** (City, town, or county) (State or foreign country)

11. Industry or business **Auto Ste**

12. Name **Jackson Harris**

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

14. Maiden name **Ellen**

15. Birthplace **Ind** (City, town, or county) (State or foreign country)

16. (a) Informant **Cozetta Tomlin** (b) Address **21047 Grandview Blvd**

17. (a) **Burial** (b) Date thereof **July 24, 1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge**

18. (a) Signature of funeral director **B. H. Haskins** (b) Address **2238 Pine St**

Major findings: Of operations _____ Of autopsy **abn**

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 _____ (e) Means of injury **2**

23. Signature **Russell J. Crow** (M. D. or other) _____ Address **Kennett** Date signed _____

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.....

B. L. Graham

Licensed Embalmer No. *2540*

P. O. Address *2208 9th Ave*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. 2952
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard Harris

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as saw mill, bank, etc.....
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/24 19 40 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1940

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

..... Date of onset

Supplementary
8-1-40 131
 contributory causes of importance:
Vascular nephritis
Chronic

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed)....., M. D.

(Address).....

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-24342