

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31015
Registrar's No. 3578

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:
1025 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... About 17 years (Specify whether
In this community... About 17 years
years, months or days)

3. (a) PRINT FULL NAME William Frank Harmon

3. (b) If veteran, name war...
3. (c) Social Security No. 486-03-5878

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

6. (b) Name of husband or wife Mrs. Sarah Harmon
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Mar. 11 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 2
If less than one day hr. min.

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

10. Usual occupation Paint Factory

11. Industry or business Sewall Paint Co.

MOTHER { 12. Name Albert Harmon
13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Curtis
15. Birthplace Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah Harmon

(b) Address 1025 Jefferson

17. (a) burial (b) Date thereof Sept 14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director R. V. Lindsev & Sons

(b) Address 3311 Broadway

19. (a) Sept. 13, 1940 (b) M. M. Browne
(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. 1025 Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1940 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from Aug 19, 1940 to Sept 13, 1940
that I last saw him alive on Sept 12, 1940
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Chronic Nephritis
Due to Chronic Interstitial Nephritis
Due to _____

Other conditions Arteriosclerosis, Aortic
(Include pregnancy within 3 months of death) 131

Major findings: 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?

23. Signature Dr. Frank Chas. [unclear] (M. D. or other) Do
Address 4316 89th St. [unclear] Date signed 9-13-40

24
D. Hughes
Hanson
Rader
K.C.K.

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 Roscoe Wheeler
Licensed Embalmer No. 3738
P. O. Address McM...

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.