

FILED JAN 25 1941

State File No.

Registration District No.

403

Primary Registration District No.

4278

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Raytown  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gregory Blvd. & Raytown Road.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -----  
In this community 25 Years (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Raytown  
(If outside city or town limits write "RURAL")  
(d) Street No. Gregory Blvd. & Raytown Road.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ----- years.

3. (a) PRINT FULL NAME Mr. Lewis Merritt Harmon

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Louise Harmon 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 30 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 29 hr. min.

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

10. Usual occupation Farmer 0

11. Industry or business Retired 1

12. Name Lindsey Harmon 1

13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Lina Powell

15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Albie Harmon

(b) Address Gregory Blvd. & Raytown Road

17. (a) Burial (b) Date thereof Dec. 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Morian Cemetery  
11111 Kansas City, Missouri

18. (e) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd. W.C.

19. (a) 11-27-40 (b) D. M. Chubank  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th  
year 1940 hour 11 minute 00A.M.

21. I hereby certify that I attended the deceased from 6-1-40  
1940, to 11-29, 1940

that I last saw him alive on 11-25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia Duration 1 wk.

Due to Dehydration diarrhea 2 wk.

Due to Myelogenous Leukemia 1 yr

Other conditions Senility 10 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations 172 W

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?

(e) Signature D. M. Chubank (Specify type of place) (M. D. or other) 1

While at work? (e) Means of injury

23. Signature D. M. Chubank (M. D. or other) 1

Address Raytown, Mo. Date signed 11-27-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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1. 8. 30  
H. C. Moore

**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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address H. C. Moore

**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.**