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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1365

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 325

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: Y.M.C.A 10th & Oak
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 37 years (Specify whether years, months or days)

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. 5208 Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 37 years.

3. (a) PRINT FULL NAME Arthur Harris
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Harris
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Dec (Month) 20 (Day) 1884 (Year)

8. AGE: Years 56 Months 1 Days 0 If less than one day hr. min.

9. Birthplace 4 Poland (City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business
FATHER
12. Name Jacob Harris
13. Birthplace 4 Poland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Harris
15. Birthplace 4 Poland (City, town, or county) (State or foreign country)
16. (a) Informant Lena Harris
(b) Address 5208 Paseo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem.
18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address K.C., Mo.
19. (a) Jan 22, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1941 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 10th 1941 to Jan 18th 1941 that I last saw him alive on Jan 18th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus — Duration
Due to Coronary Sclerosis
Due to Chronic myocarditis
Other conditions (Include pregnancy within 3 months of death) 93 D
Major findings: Of operations —
Of autopsy —

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

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? —
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? — (Specify type of place) (e) Means of injury —
23. Signature Joseph Gulelson (M. D. or other) M.D.
Address 1719 Realty Bldg Date signed 1-21-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Gettesen
Risto Binbley

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 E. P. Casey

Licensed Embalmer No. 1972

P. O. Address K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.