

1. No. 2
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5-17-39
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FEB 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1482**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **442**

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: **General Hospital # 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 hrs.**
In this community **10 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Henry H Harrison**

3. (b) If veteran, name war. _____ 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dora Drew Harrison** 6. (c) Age of husband or wife if alive **40** years
7. Birth date of deceased **March 8 1896**
(Month) (Day) (Year)

8. AGE: Years **45** Months **10** Days **28** If less than one day hr. _____ min. _____

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

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Harrison**
13. Birthplace **Unkshawn 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unkshawn**
15. Birthplace **Unkshawn 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dora Drew Harrison**
(b) Address **2729 Broadway**

17. (a) **Burial** (b) Date thereof **1-30-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **S. Sterling Bells**
(b) Address **1811 G. 122 St.**

19. (a) **Jan 30 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City 48**
(If outside city or town limits, write "RURAL")
(d) Street No. **908 E. 16th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1-26-41**
year _____ hour _____ minute **7:30** A. M.

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

Immediate cause of death **Bullet wound of abdomen**

Due to **Heroin use for years**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **166**

Major findings: Of operations _____
Of autopsy _____

Duration _____
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) **Homicide**
(b) Date of occurrence **1-25-41**

(c) Where did injury occur? **152 Jackson mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public

While at work? _____ (Specify type of place) (e) Means of injury **3**

23. Signature **Misselwitz** (M. D. or other) _____
Address **102nd** 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

E. Stirling Bills

Licensed Embalmer No. *3178*

P. O. Address *2811 E. 12th K.C.*

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, fact should be so stated above.