S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1500
460

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen'l Hosp. No. 2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL") 5
(d) Street No. 1711½ E. 18th 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dovie Louise Harrison
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Infant 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 13 (Day) 1939 (Year)

8. AGE:	Years	Months	Days	If less than one day
	1	4	16	hr. min.

9. Birthplace K.C. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Charles Harrison
13. Birthplace Unk. (City, town, or county) Unk. 9 (State or foreign country)
MOTHER
14. Maiden name Lillian Dorlene Vance
15. Birthplace St. Charles (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Raymond Vance
(b) Address 1826 E. 16th Apt. 16.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 1 (Day) 41 (Year)
(c) Place: burial or cremation Lincoln
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th
19. (a) Jan 31 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1941 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from , 19 , 19 ; that I last saw her alive , 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Deputy Coroner

Due to Tracheo-bronchitis
Due to 106 C
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) 3
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Edw G Stewart

Licensed Embalmer No. 3836

P. O. Address.....

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.