No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17457

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2119

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1607 East 8th. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1607 East 8th. Street 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louise Esther Harner

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex / Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife George W. Harner

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased December (Month) 23 (Day) 1851 (Year)

8. AGE: Years 89 Months 5 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Alec Phillips
13. Birthplace ..... (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Rose Oneal
15. Birthplace ..... (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Robert R. Harner
(b) Address 1607 East 8th. Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs C R Foster
(b) Address 918 Brooklyn

19. (a) May 31 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th.
year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 5-30 a. ..... 19..... to ..... 19.....;
that I last saw the alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Acute pulmonary edema

Due to Hypertrophy of the heart

Due to Arteriosclerotic nephritis

Other conditions
(Include pregnancy within 3 months of death)

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? ..... (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 3

23. Signature [signature] (M. D. or other)
Address [illegible] 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 Kenzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. Mo

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

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