

Registration District No. 398

Primary Registration District No. 3019

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1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Mo.

(c) Name of hospital or institution: Independence San. O

(d) Length of stay: In hospital or institution 3 days

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 110 So. Hattig

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME MARY GIBSON HARRIS

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 19 year 1941 hour 9:45 minute _____ Pm M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from June 10-40, 1940, to May-19-41, 1941; that I last saw h. u alive on 5/19, 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug 6 1868

Immediate cause of death Primary Pulmonary Carcinoma

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>13</u>	hr. _____ min. _____

Due to Carcinoma uterus

9. Birthplace Pennsylvania

Due to metastatic to Liver

10. Usual occupation at home

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

12. Name Inch Klingensmith

Of autopsy _____

13. Birthplace Pennsylvania

14. Maiden name No record

15. Birthplace No record

16. (a) Informant Mrs. Elmer Carlton

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) Means of injury _____ (Specify type of place) _____

23. Signature [Signature] (M. D. or other) [Signature]

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year) _____

Address 10307 Indip av Date signed 5/2/41

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

MOTHER FATHER

OCT 6 1941

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.

Signature *Lloyd C. Carson*

Licensed Embalmer No. *4199*

P. O. Address *Independence, Mo*

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.