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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20646**
2176
Registrar's No. _____

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution: **3750 Olive Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **3750 Olive Street** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **John Samuel Harrison**
3. (b) If veteran name war _____ 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **4**
year **1941** hour **6** minute **30** P. M.

4. Sex **Male** 5. Color or race **Wht** 6. (a) Single, widowed, married, divorced **Widowed**
7. Birth date of deceased **December 6 1857**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 21, 1941**
to **June 2, 1941**, so that I last saw him alive on **June 2, 1941** and that death occurred on the date and hour stated above.
Immediate cause of death **acute dilatation of heart** Duration _____

8. AGE: Years **83** Months **5** Days **38** If less than one day hr. min.

Due to **Chronic Myocarditis** about **34** yrs
Due to **arteriosclerosis** about **3** yrs

9. Birthplace **bedon co. Missouri**
(City, town, or county) (State or foreign country)

Other conditions **92 W**
(Include pregnancy within 3 months of death)

10. Usual occupation **Merchant**
11. Industry or business _____
12. Name **William Harrison**
13. Birthplace **no 0**
(City, town, or county) (State or foreign country)
14. Maiden name **Fayette Beasley**
15. Birthplace **no 0**
(City, town, or county) (State or foreign country)

Major findings: **none**
Of operations **92 W**
Of autopsy **none**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Ruth Rowland**
(b) Address **3750 Olive St. Mo.**
17. (a) **Burial** (b) Date thereof **June 6 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Claredo Springs Mo**
18. (a) Signature of funeral director **John Samuel Harrison**
(b) Address **Claredo Springs, Mo.**
19. (a) **6-5-41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **J. Samuel Harrison** (Date of death)
Address **6520 Independence Ave** Date signed **6-5-41**

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Colandrea Speaks

Licensed Embalmer No. 3604

P. O. Address Independence

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.