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FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20696

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2226

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: 524 1/2 E 15 E
(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: 048 3 8
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 524 1/2 E 15 E 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Dr. John Whitworth Harrison John W. Harrison +
3. (b) If veteran, name war Span Amer + W. W. 3. (c) Social Security No. No
4. Sex Male 0 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Not given 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased December 11, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	5	30	hr. min.

9. Birthplace Columbus, Texas 1 (City, town, or county) (State or foreign country)
10. Usual occupation Physician
11. Industry or business Retired
FATHER
12. Name Dr. R. H. Harrison
13. Birthplace Georgia 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha V. Towell
15. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Marie E. Windham
(b) Address 2601 Barbee, Houston, Tex.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem. Houston Texas
18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland
19. (a) 6/10/1941 (Date received local registrar) (b) M. M. Cromer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day June year 1941 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Aug 36 to June 10, 1941
that I last saw him alive on June 10, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to 42 D	
Due to 42 H	
Other conditions Arteriosclerosis (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 0
23. Signature Herm C Carbaugh (M. D. or other)
Address 714 Bryant Bldg K.C. Date signed June 10 1941

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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