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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24073

Registration District No. 1895 — Primary Registration District No. 1002 — Registrar's No. 2612

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: 1515 East 5th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 24yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

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

(d) Street No. 1515 E. 5th St. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MILDRED HARRELL

3. (b) If veteran, name war .....

3. (c) Social Security No. 445-8-9476 492-18-1528

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb. 22, 1910 (Month) (Day) (Year)

8. AGE: Years 31 | Months 4 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business .....

FATHER
12. Name John Harrell
13. Birthplace Miss. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Josephine Duncan
15. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

16. (a) Informant Gertrude Smith

(b) Address 1515 E. 5th St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Ave

19. (a) 7-11-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 7-7-41 year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19..., that I last saw her alive on ..... 19..., and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Acute pulmonary congestion

Due to Chronic hypnarditis

Other conditions (Include pregnancy within 3 months of death) Obesity 93 D

Major findings: Of operations ..... 93 F

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? ..... Means of injury .....

23. Signature [signature] (M. D. or other) 2

Address K.C. Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1944

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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

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