

FILED AUG 10 1941

Registration District No. 399

Primary Registration District No. 1002

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 1312 Vine Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 years (Specify whether years, months or days) 1

3. (a) PRINT FULL NAME Edgar Harris

3. (b) If veteran, name war no 3. (c) Social Security No. 703-03-9114

4. Sex male 5. Color or race Col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Roszell Harris 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Dec. 15, 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Pinebluff, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name C.H. Harris
13. Birthplace Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Roszell Harris
(b) Address 1312 Vine
17. (a) burial (b) Date thereof 7/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave
19. (a) July 21 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1312 Vine
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 17 to July 18 1941
that I last saw him alive on July 18 and that death occurred on the date and hour stated above. (19)

Immediate cause of death Coronary Sclerosis
Due to 94a
Due to 94b
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature W. M. Crowe (M. D. or other)
Address 1614 E 12 Date signed 7/19/41

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

18
30

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361

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 with the above constitutes grounds for revocation of license.)

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