

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3344

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:
1115 Valentine Road,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 65 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 1115 Valentine Road,
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th,
year 1941 hour 3:45 minute P. M.
21. I hereby certify that I attended the deceased from February
2 1936 to Sept 5 1941
that I last saw him alive on Sept. 5 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Herman P. Harbison,

3. (b) If veteran, name war X 3. (c) Social Security No. 486-07-4745

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

6. (b) Name of husband or wife Anna R. Harbison, 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 7th 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>28</u>	hr. min.

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

10. Usual occupation President

11. Industry or business Harbison, Inc.

12. Name John S. Harbison,

13. Birthplace Kentucky,
(City, town, or county) (State or foreign country)

14. Maiden name Susan Payne,

15. Birthplace Kentucky,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna R. Harbison,

(b) Address 1115 Valentine Road, K. C., Mo.
Burial, (b) Date thereof 9-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9/7/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Carcinoma of bladder
(Primary)

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death)
Carcinoma of
inguinal lymph glands

Major findings:
Of operations 528
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) Means of injury _____

23. Signature [Signature] (M. D. or other) 0
Address 811 Huron Bldg. Date signed 9-6-41

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

MOTHER FATHER

1115

OCT 23 1941

Dr. P. M. Krall,

*Kuron Bldg
Rm 6061*

MAR 22 1943

APR 5 1943

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 with the above constitutes grounds for revocation of license.)

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