

DEC 22 1941 399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4102

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Ham
(c) Name of hospital or institution: 1529 Grand Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson
(c) City or town Kansas City
(d) Street No. 523 Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEWIS HARRIS

3. (b) If veteran. name war unknown 3. (c) Social Security No. unk

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

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 47 Months - Days - If less than one day hr. _____ min. _____

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

10. Usual occupation Teacher

11. Industry or business none

12. Name unknown

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

14. Maiden name unk

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

16. (a) Informant Carver Investigator

(b) Address Jackson Co Mo

17. (a) Removal (b) Date thereof 10/4/41 (Month) (Day) (Year)

(c) Place: burial or cremation Western Dental Col

18. (a) Signature of funeral director Edsel E. Ham

(b) Address 1409 E 12 St

19. (a) 11-4-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-27-41 day _____ year _____ hour _____ minute 9:30 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw the deceased _____ and that death occurred on the date and hour stated above.

Immediate cause of death lung cancer Duration _____

Due to _____

Due to 30 TI

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations lung cancer Of autopsy lung cancer

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 3

23. Signature D. Russell (M. D. or other) _____

Address _____ Date signed _____

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

448
808

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..... *L. J. Harris Sr.*

Licensed Embalmer No. *5388*

P. O. Address..... *1610 5th St.*

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.