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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 22 1941 595

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

37589

State File No.

Registrar's No. 4384

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: St. Joseph Hospital,
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether
In this community 49 years,
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. Lucerne Hotel,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th,
year 1941 hour 6:35 minute P. M.

21. I hereby certify that I attended the deceased from
11-27-41 to 11-27-41
that I last saw him/her at home
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema -
Chronic Fibrous Degeneration
Coronary Sclerosis
Other conditions: Fracture Hip 18 1/2
18

Major findings:
Of operations: _____
Of autopsy: marked coronary sclerosis; fatty heart; pulmonary edema;

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 11-27-41
(c) Where did injury occur? at home
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fall in home
While at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Russell W. Crow (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME Horatio L. Harmon,

3. (b) If veteran, name war No. 3. (c) Social Security No. no.

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

6. (b) Name of husband or wife Janette Dodson Harmon, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased: July 17 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired,

11. Industry or business Insurance Broker,

12. Name E. K. Harmon,

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

14. Maiden name Mary Huntoon,

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

16. (a) Informant Phillip K. Harmon,

(b) Address 21 So. Downing, Denver, Colorado,

17. (a) Burial, (b) Date thereof 11-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-27-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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.