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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1234

FILED FEB 11 1942

State File No. 28

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Entered 11/15/41  
(Specify whether years, months or days) 5 years

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. 2229 Troost  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME GLEN HARBISON

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-2-42 day 1-2-42 year 1942 hour 4:55 minute 0 M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: June 12 1936  
(Month) (Day) (Year)

21. I hereby certify that within the deceased from 4:55 to \_\_\_\_\_ 1942; that I last saw live on \_\_\_\_\_ 1942; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years 5 Months 6 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Adrenal insufficiency  
20-30 turns of lig & abdomen

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Kansas City 0 Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1st 181-1

Of autopsy 15

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Harbison

13. Birthplace Leavenworth 1 Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Mabel Morris

15. Birthplace Bear Branch 1 Indiana  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabel Morris

(b) Address 2229 Troost Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence R.P. Mo. 11-13

17. (a) Removal (b) Date thereof 1-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? 11-13-41  
(City or town) (County) (State)

(c) Place: burial or cremation High Prairie Cemetery

18. (a) Signature of funeral director Bentley Mortuary.

(b) Address 5811 Troost Ave.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place  
(Specify type of place) (Specify means of injury)

19. (a) 1/4/42 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

23. Signature M. M. Grome (M. D. or other)  
Address R.P. Mo. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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..... *Guy Buffington*

Licensed Embalmer No..... *2756*

P. O. Address..... *12 C 7th*

**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.**