

FILED MAR 9 1942

Registration District No. 403

Primary Registration District No. 55-57-4239

Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Raytown
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 10144 E. 63rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____

In this community Lifetime in Jackson County
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Raytown
(If outside city or town limits, write "RURAL")

(d) Street No. 10144 E. 63rd
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Thruston Harris

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel S. Harris

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

7. Birth date of deceased Oct. 3, 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>4</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business XXX

MOTHER FATHER { 12. Name Wm. Craton Thruston

{ 13. Birthplace Unknown South Carolina
(City, town, or county) (State or foreign country)

{ 14. Maiden name Tennessee Rowena Cline

{ 15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evan D. Hendrickson

(b) Address Raytown, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director C. Clark Regent

(b) Address Raytown, Missouri

19. (a) Mar 2 1942 (Date received local registrar) (b) Mrs. P. C. Jarom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1942 hour 12:15 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 3 to Feb 28, 1942
that I last saw her alive on Feb 24 and that death occurred on the date and hour stated above

Immediate cause of death Myocardial infarction

Due to Inanition

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings: Of operations _____

Of autopsy _____

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 P. C. Jarom (M. D. or other) 3/2/42

Address Raytown, Mo. Date signed _____

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.....

Clark Heger

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.