. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13354

State File No. 1798

FILED MAY 14 1942

Registration District No. 349 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County K. C. T. B. Jackson

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

(c) Name of hospital or institution: Leeds Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos + 12 days (Specify whether)

In this community 6 mo. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1327 Euclid 8 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ethel HARRISON

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 2

5. Color or race Negro

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 1 (Month) 21 (Day) 1915 (Year)

8. AGE: Years 27 Months 34 Days 14 45 If less than one day hr. min.

9. Birthplace Ouachita (City, town, or county) Ark 1 (State or foreign country)

10. Usual occupation Laundress

11. Industry or business

FATHER
12. Name Ed Harrison
13. Birthplace Ouachita (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Beulah Butler
15. Birthplace Ouachita (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant K. C. T. B. Hosp

(b) Address Leeds, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-42 (Month) (Day) (Year)

(c) Place: burial or cremation Arkadelphia, Ark.

K.C. Emb. & Casket Co.

18. (a) Signature of funeral director Mrs. J. W. Jones

(b) Address 440 State Ave. K. C. Kansas

19. (a) 5-7-42 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1942 hour 7:25 minute a M.

21. I hereby certify that I attended the deceased from April 3, 1942 to May 5th, 1942 that I last saw her alive on 5-4-, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Toxemia

Due to Bilateral Pulmonary Tuberculosis

Other conditions (Include pregnancy within 3 months of death) 13 B

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. C. Heyer (M. D. or other)

Address Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

JUN 1 194

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 Eugene English, Registered Apprentice No. ....., working under my personal supervision.

Signed Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State Ave. N.C.

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.