

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2294

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 No. 2 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6-6-42-6-10-42  
(Specify whether  
In this community 9 days  
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. 1323 E. 13  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME RONALD HARRIS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced inf

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

7. Birth date of deceased May 27 1942  
(Month) (Day) (Year)

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

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

10. Usual occupation infant

11. Industry or business.....

MOTHER FATHER { 12. Name John S. Harris  
13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Leona Cummings  
15. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. Burial (c) Date thereof 6-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation H.B. Moore

18. (a) Signature of funeral director W. B. Moore

(b) W. B. Moore

19. (a) 6-12-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1942 hour 8 minute 13 a. m.

21. I hereby certify that I attended the deceased from June 6 1942 to June 10 1942; that I last saw him alive on June 10 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Umbilical Stump

Due to..... 161

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) (M. D. or other) 0

23. Signature W. B. Moore (M. D. or other)  
Address Gen. Hosp. #2-600 E. 22 Date signed 6-11-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48  
3  
8

341

**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

*Anthony T. Moore*

Licensed Embalmer No.

*948.*

P. O. Address

*1820 E. 16 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.**