

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20292  
State File No. \_\_\_\_\_  
Registrar's No. 2450

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 2523 Elma  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 23 years  
In this community 23 years  
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. 2523 Elma 8  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Earle W. Harris  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 23  
year 1942 hour 6 minute 05 P.M.  
21. I hereby certify that I attended the deceased from 3-1  
1930 to 6-22, 1942  
that I last saw him alive on 6-22-42, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Bertha M. Harris  
(c) Age of husband or wife if alive 27 years

Immediate cause of death myocardial infarction  
acute

7. Birth date of deceased: April 28 1868  
(Month) (Day) (Year)  
8. AGE: Years 74 Months 1 Days 23  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to (?)  
930  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace N. Y.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Resturant owner

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Erastus L. Harris  
13. Birthplace N. Y.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily A.  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert S. Harris  
(b) Address 2902 Troost  
17. (a) Burial & Removal (b) Date thereof June 27 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Gowanda N. York  
18. (a) Signature of funeral director Wm C R Foster  
(b) Address 715 Brooklyn  
19. (a) 6-26-42 (b) M. M. Browe  
(Date received local registrar) (Registrar's signature)

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 W. C. Hayes (M. D. or other)  
Address 1103 Grand Date signed \_\_\_\_\_

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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

*Daniel C. Browning*

Licensed Embalmer No. *2724*

P. O. Address

*H. 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.