

FILED JUL 27 1942

Registration District No. **399**

Primary Registration District No. **1002**

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**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7-7-42-7-11-42**  
(Specify whether years, months or days)  
In this community **54 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. **1412 1/2 E. 18**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **JAMES HARROLD**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **September 1 1874**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **11** Days **10** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Unemployed**

MOTHER FATHER

12. Name **Jerry Harrold**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Queen Snell**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **7/18/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **E. H. Moore**

(b) Address **1820 E. 18th St**

19. (a) **7-12-42** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11**  
year **1942** hour **4** minute **30 a. m.**

21. I hereby certify that I attended the deceased from **July 7 1942** to **July 11 1942**;  
that I last saw him alive on **July 11 1942**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Cerebral Thrombosis** Duration \_\_\_\_\_

Due to **Generalized Arteriosclerosis**

Due to **83B**

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

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 **E. H. Moore** (M. D. or other) \_\_\_\_\_  
Address **Gen. Hosp. #2-600 E. 22** Date signed **7-13-42**

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

48  
3  
8

48  
3  
8

361

**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 *me*  
*J.B. Moore*, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *J.B. Moore*

Licensed Embalmer No. *2410*

P. O. Address *1820 E. 18th 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.**