

FILED OCT 5 1942
149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
3110 East 11th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital 30 Years (Specify whether 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. **3110 East 11th Street**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Syria**

3. (a) PRINT FULL NAME **Mr. Fred Abdullah Harris**
(b) If veteran, name war **No**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **25th**
year **1942** hour _____ minute _____ M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Mrs. Nazera Harris**
(c) Age of husband or wife if alive **51** years

21. I hereby certify that I attended the deceased from **Sept 9**, 19**42** to **Sept 25**, 19**42**
that I last saw him alive on **Sept 24**, 19**42**
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **December 18 1884**
(Month) (Day) (Year)

Immediate cause of death: **Carcinoma (Primary) of Lungs - Generalized Metastases**
Duration? _____

8. AGE: Years **57** Months **9** Days **7**
If less than one day hr. _____ min.

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace **Zahle Syria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant - F.A. Harris Linen & B...**
11. Industry or business **109 East 11th Street Shop**
12. Name **Abdulla Harris**
13. Birthplace **Syria**
14. Maiden name **Mrs. Harris**
15. Birthplace **Syria**

Major findings: **neg chest for Reichle's test**
Of operations: **Free Sept 25, telegraph No. 10000**
Of autopsy: **Generalized Metastases of Carcinoma of Lungs**
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Nazera Harris**
(b) Address **3110 East 11th Street**
17. (a) **Burial** (b) Date thereof **Sept. 28, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **D. W. Newcomer**
(b) Address **1401 Brush Creek Blvd.**
19. (a) **9/27/42** (b) **M. M. Brown**
(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 **Ralph Perry M.D.** (M. D. or other)
Address **4500 E 24th** Date signed **9-29-42**

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

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.....

J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address K.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.