S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39946

State File No. 4951

Registration District No. 149 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:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Less than 1 day (Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2413 Highland
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME HARRY. SEARS

3. (b) If veteran, name war None

3. (c) Social Security No. 494-16-5238

4. Sex Male

5. Color or race 2 Col

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Mabel Sears

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

7. Birth date of deceased Unknown (Month) (Day) 1903 (Year)

8. AGE: Years 39 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Cudahy Packing Co.

FATHER
12. Name Thomas Sears
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Nettie Estes
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Eugene Estes
(b) Address 423 New St., Peoria, Ill.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 12-31-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26 year 1942 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19__; that I last saw h__ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Homicide

Due to Gun shot wound of Chest

Due to

Other conditions Hemothorax
(Include pregnancy within 3 months of death)

Major findings:
Of operations 166

Of autopsy yes

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) Homicide

(b) Date of occurrence 12-26-42

(c) Where did injury occur? Kans City (City or town) Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? No (e) Means of injury Trauma by fire Harm

23. Signature P. P. Richardson (M. D. or other)

Address 1832 Vine Date signed 12-30-42

(Licensed Embalmer's Statement on Reverse Side)

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 B. L. Graham

Licensed Embalmer No. 2540

P. O. Address 208 Vine 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.