

FILL - JAN 22 1943  
149

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 127

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:  
2106 East 16th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 8 years  
years, months or days (Specify whether)

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. 2106 East 16th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME

Mittie Harris

3. (b) If veteran, name war.....  
None

3. (c) Social Security No. None

4. Sex Fe 5. Color or 3 race Col 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Joseph Harris 6. (c) Age of husband or wife if alive. 68 years

7. Birth date of deceased July 11, 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Clark County Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Duncan

13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy

15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Smith  
(b) Address 2106 East 16th St.

17. (a) burial (b) Date thereof 1/11/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

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

19. (a) 1-11-43 (b) M. M. Cozme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th  
year 1943 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from The 31  
1942 to Jan 6 - 1943

that I last saw a alive on Jan 6 - 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cerebral Apoplexy  
g2w

Due to.....

Due to.....

Other conditions High Blood Pressure  
(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?  
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature [Signature] (M. D. or other)  
Address 1612 S 12 Date signed 1/9/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 3994

P. O. Address. 2503 Highland

**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.**