

FILED FEB 27 1943 49

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1323 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community 20 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. 1323 Campbell
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country no.

3. (a) PRINT FULL NAME WHA BELLE HARRIS

3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife no. 6. (c) Age of husband or wife if alive no. years

7. Birth date of deceased 1887
(Month) (Day) (Year)
8. AGE: Years 55 Months - Days - If less than one day no. hr. min.

9. Birthplace Avalon (City, town, or county) (State or foreign country)

10. Usual occupation Restaurant Business

11. Industry or business Owner

12. Name Lice Harris

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

14. Maiden name Alma Cunningham

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

16. (a) Informant Margaret Mc Kinney

(b) Address 1323 Campbell KC Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Walter Funeral Home

(b) Address 2332 Montauk Pk. K.C. Mo

19. (a) 2-8-43 (Date received local registrar) (b) W.M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from no. to no. that I last saw him no. alive on no. and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic heart disease

Due to no. Duration 93D

Other conditions no. (Include pregnancy within 3 months of death)

Major findings: Of operations no. Of autopsy no.

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) no.
(b) Date of occurrence no.
(c) Where did injury occur? no. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no.

While at work no. (Specify type of place) Means of injury no.
23. Signature W.M. Brown (Date signed) 2/8/43
Address no.

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.....

P. O. Address.....

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.