

MAR 20 1943
Registration District No. **149**

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:
1819 East 35th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

In this community **59 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. **1819 East 35th Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME **Mrs. Elizabeth Frances Harrison**

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

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th**
year **1943** hour **6** minute **00A.M.**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dr. E. Lee Harrison**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **January 8, 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 27**, 19**42** to **March 5**, 19**43**
that I last saw her alive on **March 4**, 19**43**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77 **1** **27** _____ hr. _____ min.

Immediate cause of death **Chronic Hypertension** Duration _____

Due to **Coronary Sclerosis** **46yr** **54yr+**

Due to **Atherosclerosis**

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

10. Usual occupation **Housewife**

Other conditions **Constriction of Cecum** **?-yr**
(Include pregnancy within 3 months of death)

11. Industry or business **At Home**

12. Name **William Vaughn**

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

14. Maiden name **Susan Harper**

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

PHYSICIAN _____

Major findings: Of operations **None**

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mary C Harrison**

(b) Address **1819 E 35th St**

17. (a) Entombment **Forest Hill Pantheon** (b) Date thereof **Mar. 8, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **D. H. Newcomer Sr**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **3-8-43** (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 **W. H. Jackson, MD** (M. D. or other) **3/5/43**
Address **730 Professional Bldg** Date signed **3/5/43**

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

3:30-6
1300 Professional Bldg

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 *H C Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address *K E 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.