

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED MAY 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13205

State File No. _____
Registrar's No. 1770

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
320 South White Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x
In this community 44 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. 320 South White,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Harriet E. Harris,

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month April day 13th
year 1943 hour 5:35 minute P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Harris
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased December 24 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him as Deputy Coroner
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 3 19 ..hr. ..min.

Immediate cause of death Death due to hanging
Duration _____

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

Due to 164a
Due to _____

10. Usual occupation at home,

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy History and inspection

11. Industry or business x
12. Name David Horton,
13. Birthplace England,
(City, town, or county) (State or foreign country)
14. Maiden name Emily Burns,
15. Birthplace England n. y.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence April 13 1943
(c) Where did injury occur? Kan. City Jackson Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
While at work? No (Specify type of place)
(e) Means of injury hanging

16. (a) Informant Ernest Harris,
(b) Address 320 South White, Kansas City, Mo.
17. (a) Burial (b) Date thereof 4-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

23. Signature A. E. Hopper (M. D. or other) M.D.
Address 23rd McKay Date signed 4/14/43

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 4-14-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... 1415

P. O. Address..... K E M

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.