

JUN 7 1943

Registration District No. 149Primary Registration District No. 1002Registrar's No. 2402

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:
928 Paseo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Oscar G. Harrison

3. (b) If veteran, name war no
 3. (c) Social Security No. 495-09-4549

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Harrison
 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan 31 1890
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>22</u>	____ hr. ____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Harrison13. Birthplace No Record
 (City, town, or county) (State or foreign country)14. Maiden name No record15. Birthplace No record
 (City, town, or county) (State or foreign country)16. (a) Informant Bertha Harrison(b) Address 928 Paseo17. (a) Burial (b) Date thereof May 26 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Lawn Cem.18. (a) Signature of funeral director Mrs. C. L. Forster(b) Address 918 Brooklyn19. (a) 5-26-43 (b) Th. M. Brown
 (Date received local registrar) (Registrar's signature)

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. 928 Paseo
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
 year 1943 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia

Due to _____

Arteriosclerosis of Liver

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy See Above

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)
 (By means of injury)23. Signature Th. M. Brown (M. D. or D. O.) M. D.Address 23rd M. & Co. Date signed 5/23/43

OCT 14 1947

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.....

Gas E. Huston

Licensed Embalmer No. *1621*

P. O. Address *Paris as City*

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.