S. No. 2
M—5-42
5-17-39
X32

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17637

State File No. 17637

Registration District No. 91 Primary Registration District No. 3012 Registrar's No. 263

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 126 days (Specify whether years, months or days)
In this community 126 days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 3

(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 1629 East 22nd Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME: HARRIS, Fred

3. (b) If veteran, name war: World - I

3. (c) Social Security No. 486-07-9650

4. Sex: Male

5. Color or race: Colored 2

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of wife: Omelia Mae Harris

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: January 20, 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	3	9	hr. min.

9. Birthplace: Lathrop (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Elevator Operator.

11. Industry or business:

FATHER
12. Name: Anderson Harris
13. Birthplace: unknown (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name: Mary E. Graham
15. Birthplace: Liberty (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Hospital records, Veterans Administration, Excelsior Springs, Mo.
(b) Address:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4/29/43 (Month) (Day) (Year)
(c) Place: burial or cremation: V.A.F., Wadsworth, Kansas.

18. (a) Signature of funeral director: Claude Prichard
CLAUDE PRICHARD, Undertaker
(b) Address: Excelsior Springs, Mo.

19. (a) 4-29-43 (Date received local registrar) (b) Mrs. Lottie Redman (Registrar's signature)

1166 (Licensed Embalmer's State Certificate Number)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1943 hour 6:40 minute A. M.

21. I hereby certify that I attended the deceased from December 24, 1942 to April 29, 1943; that I last saw him alive on April 29, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic, far advanced, active 4.	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operations.
Of autopsy: No autopsy.

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): —
(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: Ernest G. Bell (M. D. or other) M.D.
Address: ERNEST G. BELL, M.D., Veterans Administration, Excelsior Springs, Mo. Date signed 4/29/43

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 6-2-43

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 Robert Ray

Licensed Embalmer No. 4482

P. O. Address Excelsior Springs, 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.