. S. No. 2
00M—2-43
ev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20392

State File No. 2582

FILED JUN 24 1943

Registration District No. 49

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3200 Norledge 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

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

(d) Street No. 926 E-9 St
(If rural, give location)

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

3. (a) PRINT FULL NAME Laura E. Harford

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe

5. Color or race 1 White

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Geo. Harford

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

7. Birth date of deceased Sept. 26 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	8	8	hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Everett
13. Birthplace no Record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah
15. Birthplace no Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. J. Enquist
(b) Address 3946 Roanoke Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C. R. Forster
(b) Address 918 Brooklyn

19. (a) 6-7-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 17, 1943, to May 31, 1943
that I last saw her alive on May 31, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 83a

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

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 —

(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
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. H. Kelly (M. D. or other)
Address 402 Wabash Av. Date signed June 7 43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kelley
402 Wabash

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. 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.