

FILED JUN 24 1943
Registration District No. 799

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:
2310 Benton Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 56 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 Benton Blvd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mrs Mary Harline

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

4. Sex Female / race White 5. Color or race White
6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife John Harline 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days If less than one day hr. min.

9. Birthplace Berlin, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Zans

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant James C. Harline
(b) Address 400 West 63rd St.

17. (a) Burial (b) Date thereof June 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's
18. (a) Signature of funeral director Thos. E. Quirk Funeral Home
(b) Address 4316 Troost Ave.
19. (a) June 1 1943 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th.
year 1943 hour 9 A.M. minute M.

21. I hereby certify that I attended the deceased from Dec 11 1940 to May 30 1943
that I last saw her alive on May 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis

Due to arteriosclerosis 3 yrs

Due to Diabetes mellitus 3 yrs

Other conditions (Include pregnancy within 3 months of death) 61

Major findings:
Of operations.....
Of autopsy.....

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?

23. Signature John F. Caldwell (M. D. or other) MD
Address 6320 Argyle Kansas City Date signed 6/1/43

Duration

5 days

3 yrs

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

2. hood J. Zwick

Licensed Embalmer No.....

3775
H. C. M.

P. O. Address.....

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.