

Registration District No. 149

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 K. C. General Hospital No. 1
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital 1 mo 11 da (Specify whether
In this community 12 Years
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. 5817 W. 16th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Franklin Lee Harris

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

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

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

7. Birth date of deceased May 28 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 0 26 25 hr. min.

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

10. Usual occupation Student

11. Industry or business McCoy School

12. Name Albert Harold Harris

13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Lee

15. Birthplace Marble City Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Harold Harris

(b) Address 5817 E 16.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1943
(Month) (Day) (Year)

(c) - Place: burial or cremation 11111 Mt. Washington Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-25-43 (b) P. E. Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from May 12, 1943, to June 23, 1943

that I last saw him alive on June 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease

Due to -----

Due to 93c

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

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? -----

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

23. Signature Dr. M. R. Thom (M. D. of place)

Address Med. Dir. A.C. General Hosp. Date signed 6/26/43

WRITE PLAINLY--USE UNFADING 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 *Emile M. Colburn*.....

Licensed Embalmer No. *3506*.....

P. O. Address *Keosauqua*.....

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.