

FILED JUL 13 1943
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2909**

1. PLACE OF DEATH:

(a) County **Jackson City**
(b) City or town **Jackson City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Midwest Wood Marketing Co 3915 Wyoming**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **32 yrs** (Specify whether 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. **719 Olive St.** (If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

3. (a) PRINT FULL NAME **WILLIAM EARL HARRIS**

3. (b) If veteran; name war **no** 3. (c) Social Security No. **545-22-3368**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **1**
6. (b) Name of husband or wife **Mary Harris** 6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **Sept 2 1910** (Month) (Day) (Year)

8. AGE: Years **32** Months **9** Days **27** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Midwest Wood Marketing Co**

12. Name **Shermagn Harris**

13. Birthplace **Unknown Kentucky** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Belle Stump**

15. Birthplace **Warton Kansas** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Harris**

(b) Address **719 Olive St.**

17. (a) **Removal** (b) Date thereof **6/29/43** (Month) (Day) (Year)
(Burial, cremation, or removal) **John Stens Funeral Home**

(c) Place: burial or cremation **Maple Hill**

18. (a) Signature of funeral director **Schulte Funeral Home**

(b) Address **K.R. Mo**

19. (a) **6-30-43** (b) **P.E. Brown** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29** year **1943** hour **4** minutes **30** P.M.

21. I hereby certify that I attended the deceased from **19** to **19** ;

that I last saw him **alive** on **19** ;

and that death occurred on the date and hour stated above.

Immediate cause of death **Failure of system - Hemiparesis**

Right side of body - Paralysis

Due to **perforated ulcer hemorrhage**

Due to **Fall down stairs shaft**

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

Major findings: **146 W**

Of operative **JA**

Of autopsy **See above**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in as follows:

(a) Accident, suicide, or homicide (Specify) **Accident**

(b) Date of occurrence **6/29/43**

(c) Where did injury occur **915 W. Young** (City or town) (County) (State) **K.C. Mo**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

(Specify type of place) (e) Means of injury **fall**

23. Signature **P.E. Brown** (M. or other)

Address **Lawrence** Date signed **6/30/43**

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

26
JUL
5

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 Ray C Snow

Licensed Embalmer No. 2560

P. O. Address R 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, above space should be left blank.