

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

REGISTRATION DISTRICT NO. 149

Primary Registration District No. 1002

Registrar's No. 3062

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:
Wheatley-Provident
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 5 minutes
(Specify whether)

In this community 1 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State MO (b) County Jackson 3

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

(d) Street No. 1515 Euclid Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A. 9 years.

3. (a) PRINT FULL NAME CECELIA MAE HARRIS

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

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased Feb 8 43
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>45</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Cecelia J. Harris

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

14. Maiden name Opal Lee Commins

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

16. (a) Informant Opal Lee Harris

(b) Address 1515 Euclid

17. (a) Burial (b) Date thereof July 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Cemetery, K.C., Mo.

18. (a) Signature of funeral director Fannie G. Smith

(b) Address 1708 E. 14th St.

19. (a) 7-12-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 9th year 1943 hour 7 AM minute 9-43 M.

21. I hereby certify that I attended the deceased from 7-9-43 to 7-9-43, 19____; that I last saw her alive on 7-9-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Koban Pneumonia 108 Duration

Due to Koban Pneumonia

Other conditions no no
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations no no

Of autopsy no no

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 no

(b) Date of occurrence no no

(c) Where did injury occur? no no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Henry B. Johnson (M. D. or other) no

Address _____ Date signed 7/9/43

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address 1708 E. 18th St.

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.