

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1 Block North Of City Limits  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 Years (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 648

(c) City or town Lee's Summit (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. R F D # 3 - 1 Block North of  
(If rural, give location) City Limits

(e) Citizen of foreign country? \*\*\* (Yes or No)  
If yes, name country \*\*\* 0

3. (a) PRINT FULL NAME John William Harris

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude S. Harris 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 4 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Bates County Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Burks Harris

13. Birthplace \*\*\*\*\* Va. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Parlee Webb

15. Birthplace Jackson County Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maude Harris

(b) Address Lee's Summit Mo.

17. (a) Burial (b) Date thereof 9-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Mo.

18. (a) Signature of funeral director N. B. Langford

(b) Address Lee's Summit Missouri

19. (a) Sept 9, 1943 (b) H. Schiel  
(Date received local registrar) (Registrar's initials)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7  
year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 9-7, 1943 to 9-7, 1943  
that I last saw him alive on 9-7, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris about 10 yrs  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) g & b

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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?  
(Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place) (M. D. or other) 9-8-43

23. Signature H. Schiel (M. D. or other) H. Schiel  
Address Lee's Summit Date signed 9-8-43

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

8000

FILED SEP 23 1943

**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 *W. O. Langford*  
Licensed Embalmer No. *3233*  
P. O. Address *1115 Summit*

**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.**