

No. 2  
1-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 1943

State File No. 3729E  
Registrar's No. 4730

Registration District No. 199

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:  
Wheatley Provident Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 2 weeks  
In this community 3 Years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME LUCY HARRIS

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

4. Sex Female 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased September 25, 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name George Jackson  
13. Birthplace unk. 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Sofia Jackson  
15. Birthplace unk. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Lewis

(b) Address 1234 Nebraska, K. C., Kans

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

(c) Place: burial or cremation Mecca, Missouri

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 11-8-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

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. 1910 East 26th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 7, day Sunday  
year 1943 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from Oct 15, 1943 to Nov 7, 1943  
that I last saw her alive on Nov 7 and that death occurred on the date and hour stated above.  
Duration 43

Immediate cause of death Myocardial Regurgitation

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

Other conditions Acute Nephritis  
(include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature D. E. Brown (M. D. or other) Nov 8-43  
Address 1705 E 12th Date signed \_\_\_\_\_

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

G.W. Brown

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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.....

*Jerome Munroe*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Dec  
Registrar's No. 4720

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Lucy Harris  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov year 1943 hour..... minute..... M.  
21. I hereby certify that I attended the deceased from....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above. Immediate cause of death myocardial Regurgitation *Distraction*

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced w  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Sept 25 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days mo. If less than one day..... min.

Due to..... 92  
Due to.....

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

Other conditions (Include pregnancy within 6 months of death)

10. Usual occupation

Major findings: acute nephritis  
not known just latent

11. Industry or business

Of operations.....  
Of autopsy.....

12. Name.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation.....

(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?

18. (a) Signature of funeral director..... (b) Address.....  
19. (a) (Date received local registrar) (b) (Registrar's signature)

While at work? (Specify type of place) (b) Means of injury.....  
23. Signature..... (M. D. or other)  
Address 1705 E 17th St Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

37298