

FILED DEC 3 1943
 Registration District No. _____

Primary Registration District No. **1002**

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

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: North East Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether
 In this community one year 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. 2637 Indiana (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Zackariah Taylor Harris
 3. (b) If veteran, name war NO 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 7th
 year 1943 hour 6 minute 28 A.M.
 21. I hereby certify that I attended the deceased from 11 - 4 to 11 - 7 1943
 that I last saw him alive on 11 - 7 1943
 and that death occurred on the date and hour stated above

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married. 2 divorced Widowed
 6. (b) Name of husband or wife Eva Harris 6. (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased August 20 1860
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia Duration 7 days

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>17</u>	hr. _____ min. _____

Due to myocardial degeneration
 Due to Cerebral Hemorrhage Hypertension

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

Other conditions (Include pregnancy within 3 months of death) 93a

10. Usual occupation Retired

Major findings: Of operations _____

11. Industry or business Farmer

Of autopsy _____

12. Name _____

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

14. Maiden name _____ 9

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

16. (a) Informant Mrs Helen Maloney

(b) Address 3601 Prospect

17. (a) Removal (b) Date thereof 11-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Missouri

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 11-7-43 (b) J. E. Brown
(Date received local register) (Registrar's signature)

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 place)

23. Signature J. P. Thompson 20
(M. D. or other)

Address 3850 E 27, N.C. Ave Date signed 11-7-43

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

27th & Grand Blvd
38th & East 29
Ls 2831
2610 Elmwood
Ls 4246

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Misso

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.