

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: MARTY CLINIC HOSPITAL 815 MCGEE ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 DAYS
(Specify whether
In this community 15 yr.
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. 1302 BENTON BLVD.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. EUPHEMIA ANN HARRIS

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Thomas Harris 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug. 26 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Piddle

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

14. Maiden name Mary Bradford

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

16. (a) Informant Mrs. Thomas Harris

(b) Address 1302 Benton

17. (a) Burial (b) Date thereof 12-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.H. Wallington

18. (a) Signature of funeral director C. H. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-14-43 (b) D. E. Bior
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 13TH
year 1943 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct. 18
1943 to DEC. 13 1943
that I last saw her alive on DEC. 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis Terminal

Due to TRANSVERSE Myelitis Oct 18?

Due to 8211

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NONE

Of autopsy NONE

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury ?

23. Signature R. J. Wierberg (D. or other)
Address 2603 E. 31 Date signed 12-13-43

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

MOTHER FATHER

2603 East 31st Street
1.5.45

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 *H. C. Newcomer Jr*
Licensed Embalmer No. 4043
P. O. Address *H. 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, fact should be so stated above.