S. No. 2
OM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5191

Registrar's No.

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-8-43-12-8-43 (Specify whether
In this community 15 months
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. 1114 E. 14th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

48
3
8

3. (a) PRINT FULL NAME LEVI HARRISON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July (Month) 5 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	3	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Burgess Harrison
13. Birthplace (City, town, or county) unk (State or foreign country)

MOTHER
14. Maiden name Catherine ?
15. Birthplace (City, town, or county) unk (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hosp. # 2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/10/43 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Missouri

18. (a) Signature of funeral director Watson Bros.
(b) Address 1729 Lydia Avenue

19. (a) 12-9-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1943 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from July 8, 1943 to December 8, 1943
that I last saw him alive on December 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Prostate with Generalized Metastasis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Gen. Hosp. #2 600 E 22nd Date signed 12/8/43

(Licensed Embalmer's Statement on Reverse Side)

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 S. Jerome Marlowe

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.