

FILED FEB 3 1944
Registration District No. 1779

Primary Registration District No. 1002

State File No. _____
Registrar's No. 282

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 8-5-43-1-13-44
(Specify whether years, months or days)
In this community 33 years (Specify whether 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. 3843 Summit
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM HENRY HARRISON

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 3 20 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 24 _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business R. J. McGuire 3843 Summit

MOTHER FATHER { 12. Name Hampton Ferguson
13. Birthplace Ala.
14. Maiden name Amanda Johnson
15. Birthplace Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2005 1/2th 15th St. Mo.

19. Jan 18, 1944 (Date received local registrar) (b) Veteran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1944 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from August 5, 1943, to January 13, 1944;
that I last saw him im alive on January 13, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death Septicemia Duration _____

Due to Gangrene of Left Foot

Due to Generalized Arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ PHYSICIAN _____
Of autopsy _____ 97
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 J. C. Brown (M. D. or other) _____
Address San Noy 72 600 522 Date signed 1/19/44

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

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 A. J. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.