

FILED APR 7 1944  
Registration District No. **199**

Primary Registration District No. **1002**

Registrar's No. **1303**

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:  
**3348 GILLHAM ROAD**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **50 YEARS**  
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. **3348 GILLHAM ROAD**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MRS. LYDIA WISE HARRIS**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **21** year **1944** hour **3** minute **30 P.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

(b) Name of husband or wife **MR. GEORGE S. HARRIS**

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

7. Birth date of deceased **APRIL 3 1851**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **march 13, 1944** to **march 21, 1944**  
that I last saw her alive on **march 21, 1944**  
and that death occurred on the date and hour stated above.

8. AGE: Years **92** Months **11** Days **18**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Coronary occlusion**

Due to **Cancer urinary bladder**

Due to **sterility**

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

10. Usual occupation **none**

Other conditions  (Include pregnancy within 3 months of death)

Major findings:  Of operations **528**

Of autopsy

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **WILLIAM PEPPER**

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

14. Maiden name **ELIZA BURGESS**

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Minnie Robinson**

(b) Address **3344 Gillham Rd**

17. (a) **BURIAL** (b) Date thereof **3-23-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEM.**

18. (a) Signature of funeral director **W. H. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLYD.**

19. (a) **3-23-44** (b) **T. C. Brown**  
(Date received local registrar) (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 type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. H. Newcomer** (J. D. or other) **DO**

Address **406 Wirthman** signed **3-22-44**

406 Northman Bldg  
11-5

**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 *K. C. Newcomer Jr*  
Licensed Embalmer No. *4043*  
P. O. Address *K. 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.**