

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 9 1944

3046

Registration District No. _____

Primary Registration District No. 1002

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 6 months
(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. 3512 E. 12 St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William D. Harris

3. (b) If veteran, name war NA

3. (c) Social Security No. 482-16-6450

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1944 hour 5 minute 25 A.M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nancy (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 30
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15, 1944 to July 21, 1944
that I last saw him alive on July 21, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 23 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to 4th

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

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

10. Usual occupation Labor

Major findings: Of operations _____

Of autopsy See above

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

11. Industry or business _____

12. Name W. D. Harris

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

14. Maiden name Miss M. Southern

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

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? _____

16. (a) Informant Sam C. Harris

(b) Address 4612 Spring N.C.H.

17. (a) Burial (b) Date thereof 7-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Smith & Johnson

(b) Address 20 W. Linwood

19. (a) 7-24-44 (b) T.E. Brown
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature A.E. Upsher (M.D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 7-21-44

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

MAY 16 1968

17

17

17

17

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..... *Charles M Quirk*.....

Licensed Embalmer No..... *3774*.....

P. O. Address..... *72 C 730*.....

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.