

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:  
**Gen. Hosp. #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9-2-44-9-6-44**  
(Specify whether  
In this community **Unknown**  
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. **1811 E. 10th**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LOUISE HARRIS**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **720**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Emery Harris** 6. (c) Age of husband or wife **8 Decedent**  
7. Birth date of deceased **May 1890**  
(Month) (Day) (Year)

8. AGE: Years **24** Months **3** Days **28** If less than one day  
hr. min.

9. Birthplace **New Orleans La**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business \_\_\_\_\_  
12. Name **John Horse**  
13. Birthplace **New Orleans La**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unk.**  
(City, town, or county) (State or foreign country)

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

17. (a) **Burial** (b) Date thereof **Sept. 9, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Adams Bros.**

18. (a) Signature of funeral director **Lincoln Adams Bros.**  
(b) Address **2000 E. 12th St. K. C. Mo.**

19. (a) **9-9-44** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Sept.** day **6**  
year **1944** hour **2:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept. 2**  
1944 to **Sept. 6** 1944;  
that I last saw her alive on **Sept. 6** 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** Duration \_\_\_\_\_

Due to **Uremia**

Due to **Chronic Nephritis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **131**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **J. E. Brown** (M. D. or other) \_\_\_\_\_  
Address **Gen. Hosp. #2 600 E. 22nd** Date signed **9-8-44**

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

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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. T. 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.**