

FILED NOV 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36744
Registrar's No. 4493

Registration District No. 199

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3732 Chestnut Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 12½ Years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3732 Chestnut Ave. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. U

3. (a) PRINT FULL NAME Richard Lee HARRIS.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife. *****

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

7. Birth date of deceased: April 3rd, 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

12 6 28 hr. min.

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

10. Usual occupation School Boy

11. Industry or business

MOTHER FATHER

12. Name Jack Harris

13. Birthplace St. Paul Minnesota
(City, town, or county) (State or foreign country)

14. Maiden name Georgia May Williams.

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

16. (a) Informant Mr. Jack Harris

(b) Address 3732 Chestnut Ave.

17. (a) Burial (b) Date thereof 11-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Mo.

19. (a) 11-7-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st
year 1944 hour _____ minute 6 A. M.

21. I hereby certify that I attended the deceased from June
1944 to Oct 31 1944
that I last saw him alive on Oct 31 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic fever - 6 mos
multiple sclerosis

Due to _____

Due to _____

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

Major findings:
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?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature H. E. Brown (M. D. number)

Address 3850 Prospect Date signed 11-6-44

Dr. C. H. Wyatt
3850 Prospect.
Wa. 6110.

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.....

Licensed Embalmer No.....

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.