

FILED NOV 30 1944  
 109

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4579

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Jackson City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 hours  
 (Specify whether years, months or days)  
 In this community 3 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Jackson City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Highway Pass  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert L. Harris

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 11 day 13  
 year 1944 hour 1 minute 30 A. M.

3. (b) If veteran, name war No name  
 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

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

Reputy Coroner  
 Duration \_\_\_\_\_

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

Immediate cause of death Shock

7. Birth date of deceased March 10 1873  
 (Month) (Day) (Year)

Due to Multiple Fractures  
 Legs & Chest.

8. AGE:	Years	Months	Days	If less than one day
71		8	3	_____ hr. _____ min.

Due to Automobile Trauma.  
 (Car & Pedestrian)

9. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country) U

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

10. Usual occupation Coal Miner  
 11. Industry or business Retail

Major findings: Of operation (Car & Pedestrian)  
 Of autopsy See Above

12. Name Daniel Harris  
 13. Birthplace Mo (City, town, or county) \_\_\_\_\_ (State or foreign country)

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

14. Maiden name Hannah Mapplet  
 15. Birthplace Ky (City, town, or county) \_\_\_\_\_ (State or foreign country) 1

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 12:30  
 (b) Date of occurrence Nov. 12 1944  
 (c) Where did injury occur? Kansas City Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, (in public place?) \_\_\_\_\_

16. (a) Informant Eliza Harris  
 (b) Address Highway Mo

While at work? No (Specify type of place) (c) Means of injury \_\_\_\_\_

17. (a) Removal (b) Date thereof 11/14/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature A. E. Usher (M. D. or other) \_\_\_\_\_  
 Address 2311 1/2 Day Date signed 11/14/44

(c) Place: burial or cremation Highway Mo  
 18. (a) Signature of funeral director Snow-Mayberry  
 (b) Address K.C. Mo

19. (a) 11-14-44 (b) D. E. Brown  
 (Date received local registrar) (Registrar's signature)

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

4 Nov 44 838

STATE OF OHIO

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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.....

*Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address.....

*R 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.**