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DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC WAR
1945
FILED FEB

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 241

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
1532 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 125 yrs. (Specify whether years, months or days)

In this community 125 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1532 MONTGALL 8
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM LEE HARBAUGH

3. (b) If veteran, name war no

3. (c) Social Security No. 496-16-4917

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 15
year 1945 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 25, 1944, to Jan 15, 1945
that I last saw him alive on Jan 11, 1945
and that death occurred on the date and hour stated above.

4. Sex MALE 0 5. Color or race WHITE

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

6. (b) Name of husband or wife HARRIETT BERGNER

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased AUG. 27 1880
(Month) (Day) (Year)

Immediate cause of death.....
Chronic Nephritis
Tubercular

Duration 1 year
4 years

8. AGE: Years 64 Months 4 Days 18
If less than one day hr. min.

Due to Syphilis

Due to

Other conditions (Include pregnancy within 3 months of death) 30 a

9. Birthplace CICERO, INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation BOOK-KEEPER---GARAGE

Major findings:
Of operations.....

Of autopsy.....

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

11. Industry or business.....

12. Name GEORGE HARBAUGH

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

14. Maiden name ELIZA BURTON

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

16. (a) Informant MRS. J. E. KINDRED

(b) Address SMITHVILLE, MO.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) BURIAL (b) Date thereof 1/17/'45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

(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?.....

18. (a) Signature of funeral director MCCOMAS FUNERAL HOME

(b) Address SMITHVILLE, MO.

19. (a) 1-16-45 (b) P. E. Brown
(Date of local registrar) (Registrar's signature)

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

23. Signature C. Brown (M. D. or other) P.D.
Address 103 N. Elmwood, K.C.M.O. Date signed 1-16-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.