V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29694

FILED OCT 1 1945

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3842

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: 812 East 48th (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 812 East 48th Street 8 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN F HARRIS
3. (b) If veteran, name war No
3. (c) Social Security No. 486-07-5258
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dollie Harris
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Sept 19 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	11	~~28~~ 27	hr. _____ min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Street Car Operator
11. Industry or business K. C. Public Service Co
FATHER 12. Name John Harris
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Jane Lane
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dollie F. Harris
(b) Address 812 East 48th St
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation Pawnee City, Neb
18. (a) Signature of funeral director Dirk Bros. Robin Co.
(b) Address 20 W Linwood
19. (a) 9-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day Sept year 1945 hour 7:25 minute P M.
21. I hereby certify that I attended the deceased from Coroner, 19____, to _____, 19____; that I last saw h____ alive on _____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 940	

Major findings: Of operations _____
Of autopsy no
History & Circumstances

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 James Walter (M. D. or other) D. Coroner
Address 1424 Pryor Blvd Date signed 9-17-45

(Licensed Embalmer's Statement on Reverse Side)

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 Gurk

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.