

S. No. 2  
DM-5-43  
v. 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. **36199**  
Registrar's No. **4739**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **JACKSON**  
(b) City or town **KANSAS CITY**  
(c) Name of hospital or institution: **KANESIDE HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **12 1/2 HOURS**  
In this community **6 MONTHS**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(e) State **MISSOURI** (b) County **JACKSON MO**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6320 HAGERWOOD ROAD**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: **--**

3. (a) PRINT FULL NAME **MR. CLARENCE HENRY HARRIS**  
3. (b) If veteran, name war **NO**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **NOV.** day **19** 19**45**  
year **1945** hour **5** minute **20 A** M.  
21. I hereby certify that I attended the deceased from **11-12**  
**1945** to **11-19-1945**  
that I last saw him alive on **11-18-** **1945**  
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **MRS. EMMA HARRIS**  
6. (c) Age of husband or wife if alive **--** years  
7. Birth date of deceased **JANUARY-3-1878**  
(Month) (Day) (Year)

Immediate cause of death **cerebral hemorrhage**  
Due to **Hypertension**  
Due to **arteriosclerosis**  
Other conditions **blind from cataracts**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations **g30**  
Of autopsy **--**  
Duration **8 days**  
**11 yrs**  
**?**  
**1 yr**  
PHYSICIAN **--**  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
**67** **10** **16** hr. min.

9. Birthplace **KENTUCKY**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **RETIRED**  
11. Industry or business **UPHOLSTERER**  
12. Name **HENRY HARRIS**  
13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)  
14. Maiden name **CATHERINE MAHAN**  
(City, town, or county) (State or foreign country)  
15. Birthplace **KENTUCKY**  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **MRS. W. L. CRAVER**  
(b) Address **6320 HAGERWOOD ROAD**  
17. (a) **REMOVAL** (b) Date thereof **NOV-19-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **CINCINNATI, OHIO**  
18. (a) Signature of funeral director **O. H. Newcomer's Sons**  
(b) Address **1401 BRUSH CREEK BLDG**  
19. (a) **11-19-45** (b) **J. Thaddeus Holmes**  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_  
23. Signature **A. L. Schoen** (M. D. or other) **MD**  
Address **243 Westby Bldg** Date signed **11-19-45**

Walter Bedy

**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. 1767

P. O. Address Kansas City

**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. :**