

FILED NOV 26 1945

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

Primary Registration District No. 1002

Registrar's No. 4628

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: Lakewood Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community not here now resident  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Franklin  
(c) City or town Ottawa  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. # 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harrison, Roger Nelson  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 12  
year 45 hour 10<sup>05</sup> minute AM

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Harrison Mrs. Nora 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased November 22 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-21, 1945, to 11-12, 1945,  
that I last saw him alive on 11-12, 1945,  
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 11 Days 10 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Lobar Hypocytic Pneumonia Duration \_\_\_\_\_  
Chronic Myocarditis  
arteriosclerosis  
Due to Senility

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

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 108

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER  
12. Name Isaac Harrison  
13. Birthplace Jackson Co. Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Ann Wilson  
15. Birthplace Jackson Co. Ohio  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louis M. Ballew  
(b) Address 5633 W. Harry Wichita Kan

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? \_\_\_\_\_

17. (a) Removal (b) Date thereof 11/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Kansas

18. (a) Signature of funeral director Gene McClure  
(b) Address Kansas City Mo  
19. (a) 11-13-45 (b) Thaddeus Aldred  
(Data received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury? \_\_\_\_\_  
23. Signature M L Fletcher (Name or other)  
Address 1103 E. 47th Date signed 11-12-45

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

AUG 21 1948

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 Robert H. Reed

Licensed Embalmer No. 3746

P. O. Address N. C. 710

**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.**