

FILED DEC 23 1945
Registration District No. _____

Primary Registration District No. 3026

Registrar's No. 345-

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1827 Howard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. PRINT FULL NAME Dr. Edgar Saunders Harris
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 28 year 1945 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct 21-45 to 11-28-45
that I last saw him alive on Nov 28 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lydia Esthy Harris 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Dec. 25 1876
(Month) (Day) (Year)

Immediate cause of death:
1 - Confluent Bronchial Pneumonia Terminal
2 - Uremia due to Benign 2 wk
Due to hypertension of prostate years.
Due to _____

8. AGE: Years 68 Months 11 Days 3 If less than one day hr. _____ min. _____

Other conditions Vertical hernia, strangulated
(Include pregnancy within 3 months of death)
Nov 14-45, Secondary anemia.

9. Birthplace Tarsney, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Optometrist

Major findings of operations: _____
Of autopsy hypertension of prostate & dil. of bladder & ureters
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. INDUSTRY OR BUSINESS
12. Name John Ruben Harris
13. Birthplace Jackson Co.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Corn
15. Birthplace Jackson, Mo
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant Mrs. Lydia Esthy Harris
(b) Address 1827 Howard
17. (a) Burial (b) Date thereof Nov. 30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

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) (e) Means of injury _____

18. (a) Signature of funeral director W. J. Mitchell
(b) Address 310 N. Main St, Indep Mo.
19. (a) 11-28-45 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

23. Signature George W. Park (M. D. or other) _____
Address 1150 27 W. W. Rd. Indep Mo Date signed 11-28-45

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

1844

1165

1948 JUN 6

JUL 30 1957

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Henry H Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.