

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 16672
Registrar's No. 2084

Registration District No. 149 Primary Registration District No. 1002

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:
3631-EUCLID AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3631-EUCLID AVENUE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country SCOTLAND

3. (a) PRINT FULL NAME MR. ANDREW SCOTT HARRIS
(b) If veteran, name war No
(c) Social Security No. 492-18-91921

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 7 year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Mar 1 '46
19, to May 5 '46
that I last saw him alive on May 6 '46
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 MARRIED
6. (b) Name of husband or wife MRS. BERNICE LAMAR HARRIS 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased MAY 29 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
Due to instability + high blood pressure
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 830
Of autopsy _____

8. AGE: Years Months Days If less than one day
74 11 8 hr. _____ min.

9. Birthplace GLASGOW SCOTLAND
(City, town, or county) (State or foreign country)
10. Usual occupation CLERK
11. Industry or business MONROE HOTEL
12. Name UNKNOWN HARRIS
13. Birthplace GLASGOW SCOTLAND
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN IRELAND
(City, town, or county) (State or foreign country)

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? _____ (c) Means of injury C

16. (a) Informant MRS. BERNICE LAMAR HARRIS
(b) Address 3631-EUCLID AVENUE
17. (a) BURIAL (b) Date thereof MAY 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.
18. (a) Signature of funeral director H. Newcomer
(b) Address 1401-BRUSH CREEK BLVD.
19. (a) 5-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature H. J. Harris (M. D. or other) C
Address 401 Waldheim Date signed 4/7/46

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

901 Hallerum Bldg
12-1-50

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *K.C. 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.