S. No. 2
M—5-43
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. 23630

FILED JUL 31 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3030

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:
5410 Harrison Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 62 Years
years, months or days)

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. 5410 Harrison Street 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Mr. Cornelius Edward Harbaugh

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Emma K. Harbaugh

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April (Month) 4 (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	3	7	hr. min.

9. Birthplace Fredrick County (City, town, or county) Maryland (State or foreign country)

10. Usual occupation Grocer

11. Industry or business

FATHER
12. Name Ephrim E. Harbaugh
13. Birthplace Fredrick County (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Harriet Eyler
15. Birthplace Fredrick County (City, town, or county) Maryland (State or foreign country)

16. (a) Informant Emma K. Harbaugh
(b) Address 5410 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1946 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from November 1, 1945, to July 11, 1946; that I last saw him alive on May 2, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebrial Hemorrhage	10 minutes
Due to Hardened Arteries	
Due to	
Other conditions Mitral regurgitation (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
Of operations None
Of autopsy None 92 b

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 Jas. W. Graham M.D. & Surgeon (M. D. or other)
Address 518 Argyle Bldg Date signed 7-11-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. James W. Graham
Argyle Bldg.

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. *E. L. Eickhoff*

Licensed Embalmer No. 3 5 0 6

P. O. Address. *Cole Camp 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.