

No. 2
-5-43
-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27156
Registrar's No. 3383

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: Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 8 mos.
In this community Lifetime
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Charlotte HARMEL
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edward Harmel 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 28 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 6 hr. min.

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

10. Usual occupation Invalided

11. Industry or business

MOTHER FATHER

12. Name Dr. (Unknown) 4
13. Birthplace Unknown Germany 1
(City, town, or county) (State or foreign country)
14. Maiden name Rosalie Eunbon
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Unger
(b) Address 639 E. 79th St., Chicago, Ill.

17. (a) Burial (b) Date thereof 8-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address 1800 E. Linwood Blvd.

19. (a) 8-6-46 (b) Geraldine Holmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson #8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1946 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from July 25
46 to July 4, 1946
that I last saw him alive on July 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Duration 1 week
Due to hypertension years

Due to arteriosclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no 93 P
Of autopsy no

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?

23. Signature John Thayer (M. D. or other) MD
Address 1167 Grand Ave Date signed 8-4-46
While at work? (Specify type of place) (e) Means of injury

J. EMO

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

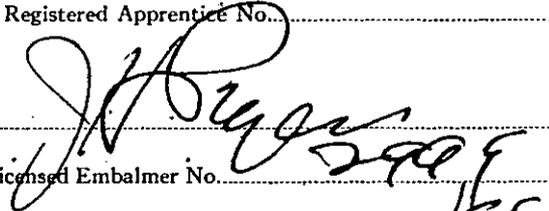
25997

BRyant 2010
117010

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..... 2905
..... P. O. Address..... JEC

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.