

S. No. 2
M-5-43
7-5-17-39
P I X3667

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

33567

State File No.

Registrar's No. 4370

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos.
(Specify whether years, months or days)

In this community 2 yrs.

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. 909 GENESSEE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HAZEL LEE HARRIS

3. (b) If veteran, name war. no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12, year 1946 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from AUGUST 1, 1946, to OCTOBER 12, 1946.

4. Sex FEMALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife. unknown

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

7. Birth date of deceased DECEMBER 4, 1915
(Month) (Day) (Year)

that I last saw her alive on OCTOBER 12, and that death occurred on the date and hour stated above.

Immediate cause of death. FAR ADVANCED

BILATERAL PULMONARY TUBERCULOSIS WITH CAVITATIONS

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>10.</u>	<u>8</u>	hr. min.

Due to.....

Due to.....

9. Birthplace CHANUTE KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEMAID

11. Industry or business.....

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name WILLA MAE WILSON

15. Birthplace OKLAHOMA
(City, town, or county) (State or foreign country)

16. (a) Informant KATHERINE SMITH (AUNT)

(b) Address 1321 EULCID

17. (a) K.C. Anat. Society (b) Date thereof 10-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Anst. Hgts. 1st

18. (a) Signature of funeral director Wm. A. Bohmeyer

(b) Address City mortician

19. (a) 10-18-46 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature [Signature] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 10/14/46

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

33567

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.....

James J. Malone
.....
Licensed Embalmer No. *13994*

P. O. Address.....

2503 Highland

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.