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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

Registration District No. 189

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6002

State File No. 33571

Registrar's No. 4516

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: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 yr. & 23 days (Specify whether years, months or days)
In this community: 23 years

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.: 205 West 9th St. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Joseph L. Harrison
3. (b) If veteran, name war: no.
3. (c) Social Security No.: unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: x years
7. Birth date of deceased: July 11th 1878 (Month) (Day) (Year)

8. AGE: Years 68 | Months 3 | Days 14 | If less than one day: hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Hotel Clerk
11. Industry or business: x

MOTHER FATHER
12. Name: Levis H. Harrison
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Frances Jane Roberts
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Joseph L. Harrison, Jr.
(b) Address: 755 W. Clay St., Marshall, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 10-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Higginsville, Missouri.
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 25th year: 1946 hour: 9 minute: 45 A. M.
21. I hereby certify that I attended the deceased from Oct 1944, 19..., to 10-25-46, 19...; that I last saw him alive on 10-25-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate gland with metastases — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 5 16
Major findings:
Of operations:
Of autopsy: See above

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: Wm. W. Hall (M. D. or other)
Address: Med.Dir.K.C.Gen.Hospital K.C.Mo. Date signed: 10-26-46

(Licensed Embalmer's Statement on Reverse Side)

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.....Robert H Reed.....

Licensed Embalmer No.....3745.....

P. O. Address.....K.C. Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.