

S. No. 2
M-5-43
7-5-17-39
I X36671

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

33573

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4315

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:
Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 10-5-46
(Specify whether years, months or days)

In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 18

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3606 Troost, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Charles Harrow

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex male 0 5. Color or race white

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

6. (b) Name of husband or wife Mrs. Marjorie Harrow

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 7 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>3</u>	hr. min.

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

10. Usual occupation Baker

11. Industry or business Bakery

12. Name William I. Harrow 9

13. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Sanders 9

15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marjorie Harrow

(b) Address 3606 Troost, Kansas City, Mo.

17. (a) burial (b) Date thereof 10-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-14-46 (b) Gertrudine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1946 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the day and hour stated above.

Immediate cause of death Deputy Coronar
Remo Honors, Bilateral
Due to Atelectasis of lungs
Due to Fracture of ribs
Other conditions Street Car Trauma
(Include primarily within immediate cause of death)

Major findings: Street car + pedestrian **PHYSICIAN**
Of operations _____
Of autopsy Au About 31
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) Accident, 2-3

(b) Date of occurrence 10-25-46

(c) Where did injury occur? Kansas City, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? No (Specify type of place)
a.e. Usher. Trauma
(If 3 years of injury)

23. Signature A.E. Usher, M.D.
Address 3800 Main Date 10/10/46

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

32401

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 *J. Clair Sheppard*
Licensed Embalmer No. *4179*
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.