

FILED DEC 31, 1946

Registration District No. 17

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:
2721 E. 54th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Years
In this community 60 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Sallie Harbin

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Harbin 6. (c) Age of husband or wife if alive 1864 years

7. Birth date of deceased Oct. 6,
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Sam Hilbert

13. Birthplace Cooper County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Adalene

15. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Alexander

(b) Address 5412 So. Denton

17. (a) Burial (b) Date thereof 12/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Avenue

19. (a) 12-18-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2721 E. 54th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 10-20-46 to 12-11-46
that I last saw her alive on 12-10-46
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis hypertension
Sclerosis Duration 2 months

Due to Sclerosis

Due to none

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none

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) none
(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 10

23. Signature S. J. [unclear] (M. D. or other)
Address 2200 E 780 Date signed 12-18-46

MOTHER FATHER

[Handwritten signature]

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. Jerome Mendore*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highlan*

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.