DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 1947

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40622

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5367

**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: ST. LUKES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 DAY (Specify whether

In this community 8 YEARS years, months or days)

**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.: 1416 WEST 56TH STREET (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: — — —

48 3 8

3. (a) PRINT FULL NAME: PEARL HARNED

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~~: MR. JOHN D. HARNED

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

7. Birth date of deceased: FEB (Month) 18 (Day) 1878 (Year)

8. AGE: Years 68 Months 10 Days 4 If less than one day ____ hr. ____ min.

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

10. Usual occupation: HOUSEWIFE

11. Industry or business: AT HOME

MOTHER FATHER

12. Name: DANIEL W. HAINER

13. Birthplace: NEW YORK (City, town, or county) NEW YORK (State or foreign country)

14. Maiden name: NOEL V. MOREHOUSE

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

16. (a) Informant: Mr. C. J. Start

(b) Address: 1416 West 56th Street

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: DEC. 23-1946 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~: EMPORIA, KANSAS

18. (a) Signature of funeral director: D. W. Newcomer & Sons

(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 12-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month DEC. day 22 year 1946 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from DEC. 21, 1946, to DEC. 22, 1946, that I last saw HER alive on DEC. 22, 1946; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Thrombosis | |
| Due to: Hypertension | |
| Due to: Mitral Stenosis | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: 0 | |
| Of autopsy | |

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: 0

23. Signature: H. P. Bourgeson M.D. (M. D. or other)

Address: Raymond Bldg. KC Mo. Date signed 12/24/46

(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 Melvin Miller

Licensed Embalmer No. 4407

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

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

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