

FILED DEC 19 1946

Registration District No. 149

Primary Registration District No. 1602

Registrar's No.

5093

## 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 and street name)  
 (d) Length of stay: In hospital or institution 4 days (Specify whether  
 In this community unknown years, months or days)

## 3. (a) PRINT FULL NAME

Thomas Benton Harris3. (b) If veteran,  
name warno3. (c) Social Security  
No. none4. Sex M 5. Color of race W

6. (b) Name of husband or wife

unknown

7. Birth date of deceased

Feb 6 1856  
(Month) (Day) (Year)

8. AGE: Years

Months

Days

If less than one day

90928

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

Missouri

10. Usual occupation

Farmer

11. Industry or business

Don't know

12. Name

Don't know

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Don't know

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Large

(Grand Daughter)

(b) Address

2425 College K.C. Mo17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

12/4/46  
(Month) (Day) (Year)

(c) Place: burial or cremation

Reynolds Park

18. (a) Signature of funeral director

Sexton Funeral Home

(b) Address

Reynolds Park19. (a) 12-4-46

(Date received local registrar)

(b) Geraldine Holmes

(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. 2425 College  
 (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 Dec. day 4th  
 year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-30-46 to 12-4-46, 19\_\_\_\_;  
 that I last saw him alive on 12-4-46, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture of femur; Generalized arteriosclerosis

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations

Of autopsy

See above

22. If death was due to external causes, fill in the following:

Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence

11-26-46

(c) Where did injury occur?

1523 Wabash

(City or town)

(County)

(State)

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

Home

While at work?

(Specify type of place)

(e) Means of injury

FallSigned at K.C. Gen. Hospital

Address

12-4-46

Date signed

**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 *Richard L. Lupton*

Licensed Embalmer No. *3003*

P. O. Address *Leavenworth, Kan.*

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

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