

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
3125 Benton Blvd.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 37 yrs 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. 3125 Benton Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter C. Harris

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

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Clara B. Harris (c) Age of husband or wife if alive unk years  
 7. Birth date of deceased: 6 (Month) 25 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>80</u>	<u>5</u>	<u>11</u>		hr. _____ min.

9. Birthplace Wheeling West Virginia  
 (City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business Retired

12. Name Hugh Harris

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

14. Maiden name Sylvia May

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

16. (a) Informant Mrs. Clara B. Harris

(b) Address 3125 Benton Blvd.

17. (a) Burial (b) Date thereof Dec 7-1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 12-7-46 (b) Stirling Holmea  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th  
 year 1946 hour 1 minute 20P.M.

21. I hereby certify that I attended the deceased from 20 JAN 46  
 \_\_\_\_\_, 19\_\_\_\_, to 6 Dec 46, 19\_\_\_\_.

that I last saw him alive on 5 Dec, 19\_\_\_\_, 46  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days.

Due to Nephritis  
chronic glomerular 3 yrs

Due to PROSTATISM, CHRONIC, BENIGN 3 yrs.

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

Major findings: JAN-46 - Prostatectomy

Of operations \_\_\_\_\_ Of autopsy none 1370

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature A. Stokwell (M. D. or other) \_\_\_\_\_  
 Address 625 Professional Bldg Date signed 6 Dec 46

MOTHER FATHER

48  
3  
8

1-4/80

Ha 1393

---

---

**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.....

*C. H. Nise*

Licensed Embalmer No.....

*25-90*

P. O. Address.....

*160 N. ...*

**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.**