

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 17 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1234

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 12

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:  
Gross Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week  
(Specify whether \_\_\_\_\_)

In this community 44 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 330 North White  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARLAN E. MEDLEY

3. (b) If veteran, name war No

3. (c) Social Security No. 487-03-6419

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Maud M. Medley

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 22nd 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	2	10	hr. min.
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9. Birthplace Plainsville Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Installing Engineer

11. Industry or business Combustion Equipment Co.

MOTHER FATHER

12. Name Alfred Medley 9

13. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Harlan

15. Birthplace Iowa 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud M. Medley

(b) Address 330 North White Avenue

17. (a) Burial (b) Date thereof 1-4-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 1-3-47 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd.  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-6-46  
1946 to 1-2 1947

that I last saw him alive on 1-1 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Portable amplifier  
poisoned brain

Due to ca. Pontate with  
General Convulsions

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 5/15

Of autopsy NW

PHYSICIAN \_\_\_\_\_

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

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

(c) 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? \_\_\_\_\_ (c) Means of injury 0

23. Signature M Black (M. D. or other) 0

Address R E 720 Date signed 1/4/47

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

**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 Walter H. Erwin  
Licensed Embalmer No. 4352  
P. O. Address Kennett City, 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.

12-7-61 \$100 Fund