

V. S. No. 2
FORM—8-43
Rev. 5-17-39
1 X37623

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1462
Registrar's No. 12

FILED FEB 5 1947
Registration District No. 150

Primary Registration District No. 5572

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months
(Specify whether years, months or days)

In this community 25 Years.

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. _____
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Asa Harris

3. (b) If veteran, No. _____ name war _____

3. (c) Social Security No. 491-20-3168

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced 21

6. (b) Name of husband or wife Maude Harris

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

7. Birth date of deceased: December 22, 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER, FATHER

12. Name Obe Harris

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

14. Maiden name Mary Ann Ryle

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

16. (a) Informant Cecil Harris

(b) Address 1103 Home, K.C., Mo.

17. (a) Burial (b) Date thereof Jan. 25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Dixon L. Tophy

(b) Address Independence, Mo.

19. (a) JAN. 23, 1947 (b) Donald C. Emmons
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1947 hour 1 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct 7, 1946 to Jan 22, 1947
that I last saw him alive on Jan 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____
Of operations 93D

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature J. McNeill (M. D. or other) _____
Address Independence Date signed 1/24/47

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(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.....

R. Griffith....., Registered Apprentice No. *451*
working under my personal supervision.

Signed..... *Dixon L. Kopy*.....

Licensed Embalmer No. *4225*

P. O. Address *Independence, 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.