

FILED FEB 17 1947
Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1214 Virginia Howell
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 12 1/2 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County JACKSON
 (c) City or town K.C. MO.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1214 VIRGINIA, K.C. MO.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SAM HARLAND
 3. (b) If veteran, name war NO
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 24
 year 1947 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 1-16-47
 _____, 19____ to 1-24, 1947
 that I last saw h in alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife DORA
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased JAN 1 1871
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia
 Due to Bronchial asthma
 Due to flu + cold

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>23</u>	_____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 33a
 Of autopsy _____

9. Birthplace _____
(City, town, or county) (State or foreign country)
 10. Usual occupation JANITOR
 11. Industry or business _____
 12. Name EDWARD HARLAND
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name DONT KNOW
 15. Birthplace _____
(City, town, or county) (State or foreign country)

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? Kennett, Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place) (e) Means of injury _____
 23. Signature Thos W. ... (M. D. or other) MD
 Address 925 Argyle Bldg Date signed 1-25-47

16. (a) Informant DORA HARLAND
 (b) Address 1214 VIRGINIA AVE K.C.MO.
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 2-7-47
(Month) (Day) (Year)
 (c) Place: burial or cremation Highland
 18. (a) Signature of funeral director Flynn & Brewster
 (b) Address 1819 E. 15th K.C. Mo.
 19. (a) 3-47
(Date received local registrar) (b) Staldine ...
(Registrar's signature)

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

Laurence A. Jones

Licensed Embalmer No.

4429

P. O. Address

2500 Park

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.