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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1822

FILED MAY 5 1947
Registration District No. 197

Primary Registration District No. 1062

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

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:
2540 Garfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 23 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson #8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2540 Garfield 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thelma E. Harrison
3. (b) If veteran, No **3. (c) Social Security** No
name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20th
year 1947 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from April
17th, 1947, to April 20, 1947
er April 17th, 1947;
that I last saw her alive on _____
and that death occurred on the date and hour stated above.

4. Sex Female **5. Color or** Negro
race **6. (a) Single, widowed, married,** Married
divorced _____
6. (b) Name of husband or wife Henry Roy Harrison **6. (c) Age of husband or wife if** 43
alive _____ years
7. Birth date of deceased June 1, 1902
(Month) (Day) (Year)

Immediate cause of death Pernicious
Anemia. Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>10</u>	<u>19</u>	_____ hr. _____ min.

Due to Anemia and Cachexia
Due to Above

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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

11. Industry or business _____
12. Name Solman James
13. Birthplace Charleston, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eva Conley
15. Birthplace Mobile, Alabama
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: 730
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry R. Harrison
(b) Address 2540 Garfield
17. (a) Burial Lincoln Cemetery
(Burial, cremation, or removal) (b) Date thereof 4/22/47
(Month) (Day) (Year)
(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director Walter Fred
(b) Address 1729 Gayden Avenue
**19. (a) 4-22-47
(Date received local registrar) **(b) [Signature]**
(Registrar's signature)**

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature George W. Raft (M. D. or other) 4/21/47
Address 2723 E. 15th St. Date signed _____

Dr. Jaff
MAY 23 1947

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.....

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.