

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Childrens Mercy Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 Days  
(Specify whether years, months or days) 14 days

3. (a) PRINT FULL NAME Harry Herbert

3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Male  
5. Color or race white  
6. (a) Single, widowed, married, divorced, single  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 14 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
hr. min.  
14 Day

9. Birthplace Fairmount, K.C. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Vern Anderson 9  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Violet Harbert  
15. Birthplace Carroll Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Court Worker Fairmount Hosp  
(b) Address KC, Mo.

17. (a) Burial (b) Date thereof 7-30 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A.P. Doehler

(b) Address 1415 East 15

19. (a) 7-29-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 1444 E 27  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1947 hour One minute 20 A.M.

21. I hereby certify that I attended the deceased from July 26 1947 to July 29 1947  
that I last saw him alive on July 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary edema  
bleeding brain

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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) (e) Means of injury

23. Signature M.C. J. [Signature] (M. D. or other)  
Address Mercy Hospital Date signed [Signature]

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

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**