

FILED AUG 5 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1002

Registrar's No. \_\_\_\_\_

3004

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: GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 38 DAYS  
(Specify whether years, months or days)  
In this community... 50 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... JACKSON 48  
(c) City or town... KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No... 830 1/2 E. 8TH ST. 8  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY HARRIS

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

4. Sex... FEMALE 3 5. Color or race... NEGRO  
6. (a) Single, widowed, married, divorced... MARRIED  
6. (b) Name of husband or wife... Bud Harris 6. (c) Age of husband or wife if alive... 74 years  
7. Birth date of deceased... MAY 10, 1882  
(Month) (Day) (Year)

8: AGE: Years Months Days If less than one day  
65 2 4 hr. min.

9. Birthplace... LEXINGTON MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation... HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name... UNKNOWN  
13. Birthplace... UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name... UNKNOWN  
15. Birthplace... UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant... CHAUNCEY HARRIS (SON)  
(b) Address... 830 1/2 E. 8TH ST.

17. (a) Burial (b) Date thereof... 7-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation... Lincoln Cemetery

18. (a) Signature of funeral director... HB Moore  
(b) Address... 1820 E 48 st

19. (a) 7-16-47 (b) Geraldine Holmea  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 14,  
year 1947 hour 4: minute 45 P. M.

21. I hereby certify that I attended the deceased from JUNE 9, 1947 to JULY 14, 1947  
that I last saw her ER alive on JULY 14, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death... CARDIO-RESPIRATORY FAILURE

Due to... HYPERTENSIVE HEART DISEASE

Due to... GENERALIZED ARTERIOSCLEROSIS

Other conditions... CEREBRAL VASCULAR ACCIDENT; HEMIPLEGIA

Major findings: Of operations... 93 d  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN  
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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature... [Signature] (M. D. or other) M. D.  
Address... GENERAL HOSPITAL NO. 2 Date signed... 7/15/47

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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: *H. B. Moore*.....

Licensed Embalmer No. *2410*.....

P. O. Address *1820 E. 18th St*.....

**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.**