—1/47
5-17-39

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

National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 149

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31240

Registrar's No. 4101

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 Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County Coleman
(c) City or town Santa Anna
(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 Ralph Willis Harris
3. (b) If veteran, name war W. W. I
3. (c) Social Security No. unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 19 (Month) 1895 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	9	9	hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Railroad Worker
11. Industry or business
FATHER
12. Name Edward A. Harris
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Helene Willis
15. Birthplace Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Fred Jewell
(b) Address 4224 Normandy: Dallas, Texas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Santa Anna, Texas
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri
19. (a) 9-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1947 hour 6:55 PM minute M.

21. I hereby certify that I attended the deceased from Sept 25, 1947 to Sept. 28, 1947; that I last saw him alive on Sept. 28, 1947, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis (Non Epidemic) due to traumatic scull fractrue
Due to and Bronchopneumonia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Same

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 9-26-47
(c) Where did injury occur? Jackson Co. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury fall from horse
23. Signature Wm W. Hart (M. D. or other) MD
Address K.C. General Hosp #1 Date signed 9-28-47

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Blaine E. Weikert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.