. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34502

FILED OCT 21 1947

Registration District No. 1449

Primary Registration District No. 1002

Registrar's No. 4243

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 711 Corbin Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 18 Months
years, months or days)

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. 711 Corbin Terrace 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. SARAH HANNAH HARKER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William F. Harker
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3rd. (Day) 1864 (Year)

8. AGE: Years 83 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Rochester (City, town, or county) New York (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name James R. Emery
13. Birthplace (City, town, or county) England (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) England (State or foreign country) 11
16. (a) Informant Mrs. Stanley Gentry
(b) Address 711 Corbin Terrace, Kansas City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 - 8 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Topeka, Kansas
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.
19. (a) 10-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th.
year 1947 hour 10:35 minute P.M.

21. I hereby certify that I attended the deceased from Jan 30, 1947, to Oct 7, 1947; that I last saw her alive on Oct 7, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary edema	7 days
Due to hemorrhage of blood vessel of brain	since aug 1947
Due to arteriosclerosis and hypertension	since 1940
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
830

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)
(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
(Specify type of place)
While at work? (e) Means of injury
23. Signature Lee Rook (M. D. or other) MD
Address 3214 Strong Date signed Oct 8-'47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Roots
Bethany Hospital 10:30

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 John E. Thomas

Licensed Embalmer No. 481

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.