S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34506

FILED NOV 4 1947

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4404

WRITE PLAINLY—USING 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: 1024 LOCUST - CHESTERFIELD HOTEL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether
In this community 30 YEARS years, months or days)

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") 3
(d) Street No. 1024 LOCUST - CHESTERFIELD HOTEL (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ...

3. (a) PRINT FULL NAME CLEVELAND F HARROW
3. (b) If veteran, name war No
3. (c) Social Security No. 487-05-6925
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. VIOLET F. HARROW
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July (Month) 31 (Day) 1884 (Year)

8. AGE: Years 63 Months 2 Days ~~19~~ 18 If less than one day ... hr. ... min.

9. Birthplace CLINTON COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation OWNER
11. Industry or business CHESTERFIELD HOTEL
FATHER
12. Name Alvis HARROW
13. Birthplace (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Mattie Wright
15. Birthplace Cameron (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Cleve Harrow
(b) Address 1024 Locust
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn, Missouri
18. (a) Signature of funeral director D. Whitcomb's Sons
(b) Address 1401 Brush Creek Blvd. K.C. Mo
19. (a) 10-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 19TH year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
Due to Coronary Sclerosis
Due to ...
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings: Of operations 93
Of autopsy See Above

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) ...
(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? (Specify type of place)
While at work ... Name of injury ...

23. Signature A. E. Upsher (M. D. Mother)
Address 2800 Main Date signed 15/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 5 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 Bernard L Foran

Licensed Embalmer No. 4250

P. O. Address KC 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.