

FILED NOV 24 1947
Registration District No. **1002**

Primary Registration District No. **1002**

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 **3307 East 20th Street**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **36 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Harry T. Avitt**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **513-14-0960**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Ida N. Avitt**
 6. (c) Age of husband or wife if alive **58** years
 7. Birth date of deceased **8-14-1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	2	17	hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business
 12. Name **George Avitt**
 13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
 14. Maiden name **Bell Heilman**
 15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida N. Avitt**
 (b) Address **3307 East 20th Street**

17. (a) **Burial** (b) Date thereof **11-4-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Mrs. C.L. Forster**
 (b) Address **Kansas City, Mo.**

19. (a) **11-3-47** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3307 East 20th Street**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **no**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **1st**
 year **1947** hour **11** minute **50 P.**
 M

21. I hereby certify that I attended the deceased from **Aug-47**
~~1947~~ 1947, to **Nov 23 1947**
 that I last saw him alive on **Nov 23 1947**
 and that death occurred on the date and hour stated above
 Immediate cause of death **Paralysis**
neuronal

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations **g2**
 Of autopsy.....
 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?..... (e) Means of injury.....
 23. Signature **Rehman** (St. D. or other) **11-3-47**
 Address **3937 Main** Date signed **11-3-47**

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

MOTHER FATHER

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.