

Registration District No. 149

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: ST. JOSEPH'S HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 22 YEARS
years, months or days)

3. (a) PRINT FULL NAME MR. SAMUEL HOWE HARRIS, SR

3. (b) If veteran, name war NO
3. (c) Social Security No. 486-01-5302

4. Sex MALE
5. Color of race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS MARGARET HARRIS
6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased JUNE 28 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 7
If less than one day hr. min.

9. Birthplace PERRY OKLAHOMA
(City, town, or county) (State or foreign country)

10. Usual occupation GENERAL ATTORNEY

11. Industry or business SOUTHWESTERN BELL TELEPHONE CO

12. Name SAMUEL H. HARRIS

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

14. Maiden name MINNIE CARLOCK

15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Samuel Harris

(b) Address 6500 Pennsylvania Avenue

17. (a) REMOVAL (b) Date thereof MARCH 7 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OKLAHOMA CITY, OKLAHOMA

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 3-6-48 (b) Geraldine Helms
(Date received local registrar) (Registrar's signature)

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") 8
(d) Street No. 6500 PENNSYLVANIA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 5TH
year 1948 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 7, 1947, to March 5, 1948
that I last saw him alive on March 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pleuritis with Effusion
Due to Carcinoma of Pharynx
Duration 2 weeks
8 mo.

Other conditions: (Include pregnancy within 3 months of death)
Major findings: 456
Of operations
Of autopsy

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?

While at work? (Specify type of place)
(e) Means of injury
23. Signature Jessie Baker (M. D.)
Address 14000 Ballinger Date signed 3-6-48

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

48
3
8

MOTHER FATHER

4080 Baltimore Avenue

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

James T. Davis

Licensed Embalmer No. *2445-3*

P. O. Address *77 E. Jones St. City*

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.