

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 631

1. PLACE OF DEATH:

(a) County One Human  
(b) City or town St Joseph MO  
(c) Name of hospital or institution: State Hospital No 3  
(d) Length of stay: In hospital or institution 2 Mo 27 days  
In this community 2 mo 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jefferison  
(c) City or town Independence MO  
(d) Street No. 841 So Park  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Maggie Harris

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Not given 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Oct 27 1877

8. AGE: Years 70 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Unknown MO

10. Usual occupation None

11. Industry or business

12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Record Hospital

(b) Address St Joseph MO

17. (a) Burial (b) Date thereof June 6 1948

(c) Place: burial or cremation Maund Chapel

18. (a) Signature of funeral director Calvin R. Sprad  
(b) Address Independence MO  
19. (a) 6-7-48 (b) G. G. Jenkins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1948 hour 4-20 minute 0 M.  
21. I hereby certify that I attended the deceased from 3-12-48  
to 6-4 1948  
that I last saw her alive on 6-3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

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? \_\_\_\_\_  
(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 G. G. Jenkins (M. D. or other) \_\_\_\_\_  
Address St Joseph MO Date signed 6-4-48

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....

*Stanley M. Seaton*

Licensed Embalmer No.....

*4504*

P.O. Address.....

*Independence, 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.**