S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19494

Registration District No. 749 — Primary Registration District No. 1002 — Registrar's No. 2538

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: K.C. Convelesent Home 4 3200 Norledge (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether In this community 7 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. 420 N. Van Brunt (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry Milton Harris

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife Frances M.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 25 (Day) 1857 (Year)

8. AGE: Years 90 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Charlemont (City, town, or county) Mass (State or foreign country) 1

10. Usual occupation Machinist - Retired

11. Industry or business Self

FATHER
12. Name William R. Harris
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Elizabeth Flagg
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr. Donald A. Harris

(b) Address 420 N. Van Brunt

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Vermont

18. (a) Signature of funeral director C.H. Blackman & Son Inc

(b) Address 2825 Indep Blvd. K.C., Mo.

19. (a) 6-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1948 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1947 to June 16, 1948 that I last saw him alive on June 13th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis gen, severe.

Due to

Due to

Other conditions Myocarditis see §#1 (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

97

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? (e) Means of injury

23. Signature Paul E. Pearson (M. D. or other) MD

Address 1025 Realty Bldg K.C. Mo Date signed 6/17/48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 O. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City, 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.