S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 18 1948

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19785

Registration District No. 147 Primary Registration District No. 5069 Registrar's No. 296

**1. PLACE OF DEATH:**
(a) County Jackson
(b) City or town Raytown (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6009 Blue Ridge Blvd. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 60 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Jackson 48
(c) City or town Raytown 0 (If outside city or town limits, write "RURAL")
(d) Street No. 6009 Blue Ridge Blvd. 0 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James Thomas Harris
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 0
5. Color of race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mrs Roxie Harris
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Jan (Month) - 4 (Day) — 1863 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 85 | 4 | 17 | hr. min. |

9. Birthplace Blue Springs (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name Samuel Burks Harris
13. Birthplace (City, town, or county) Virginia 1 (State or foreign country)
MOTHER
14. Maiden name Parlee Webb
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Roy Harris
(b) Address 6009 Blue Ridge Blvd. Raytown Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 (Month) (Day) 1948 (Year)
(c) Place: burial or cremation Brooking Cemetery
18. (a) Signature of funeral director Ellen Fegert
(b) Address Raytown Mo.
19. (a) May 22 '48 (Date received local registrar) (b) Mildred Garvin (Registrar's signature) 137

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 21 year 1948 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from May 20 1948, 19 to May 21 1948, that I last saw him alive on May 21 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hypostatic Pneumonia | 24 hrs |
| Due to Uremia, | 3 da |
| Due to Senility. | 1 yr |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Raytown Mo. Date signed 5/24/48

(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: J Clark Fegert

Licensed Embalmer No. 3983

P. O. Address Raytown 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.**