No. 2
I—5-43
5-17-39
I: X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32919

Primary Registration District No. 1002

Registrar's No. 4141

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: KansasCity
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2110 Olive 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Oklahoma (b) County: 999

(c) City or town: El Reno
(If outside city or town limits, write "RURAL")

(d) Street No.: 311 North McComb 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Homer Franklin Harris

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Mildred Harris

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: October 31, ~~1901~~ 1900
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47 ~~48~~	11	9	____ hr. ____ min.

9. Birthplace: Kingfish, Oklahoma 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Railroad Employee

11. Industry or business: ____

FATHER
12. Name: Edward Harris
13. Birthplace: Higgensville, Missouri 11
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Lee
15. Birthplace: Saline Co., Missouri 11
(City, town, or county) (State or foreign country)

16. (a) Informant: Minnie L. Harris
(b) Address: 2110 Olive

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: El Reno, Oklahoma

18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1209 Lydia Ave.

19. (a) 10-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Per Ind. Appl. 12-9-48 H.C.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Deputy Coroner to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arteriosclerotic Heart Disease	
Due to Coronary Thrombosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: Same as above.

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? D
While at work? ____ (Specify type of place) (e) Means of injury: ____

23. Signature: J. R. Williams (M. D. or other)
Address: 2636 Brookline Date signed: 10-11-48

(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 D. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 41 41

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9th day of November, 1948, before me appears Minnie L. Harris, who, upon her oath, states that the original record of ~~birth~~ death for Homer Franklin Harris, ~~born~~ died Oct. 10, 1948, in the State of Missouri, and which was filed at K. C. Mo. on 10-12, 1948, should be corrected as follows:

Item No. 7 should read October 31, 1900
Instead of October 31, 1901

Item No. 8 should read 47-11-9
Instead of 46-11-9

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL).

X Affiant Minnie L. Harris Sister
Relationship.

X 2110 Olive K.C. Mo.
Present Address.

Subscribed and sworn to before me this 9th day of Nov., 1948

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

V. S. 135
OM—8-43
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