No. 300
—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32921

FILED NOV 6 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4299

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

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: 5017 East 9th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 18 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5017 East 9th St. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Roy Wesley Harrison

3. (b) If veteran, name war None

3. (c) Social Security No. 486-10-2080

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARR.

6. (b) Name of husband or wife LELA Z. Harrison

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased FEB. (Month) 26 (Day) 1908 (Year)

8. AGE: Years 40 | Months 7 | Days 25 | If less than one day ___ hr. ___ min.

9. Birthplace CARROLL Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation TRUCKER

11. Industry or business TRAMEL-REHN-LMBR. Co.

FATHER
12. Name ROBERT F. HARRISON
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name NORA MORAN
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Lela Z. Harrison
(b) Address 5017 East 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 - Brooklyn

19. (a) 10-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-21-, 1948, to 10-21, 1948, that I last saw him alive on 10-21, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	30 min.
Due to Coronary sclerosis	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 93 D.
Of autopsy None

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 0

23. Signature Walter Cummins (M. D. or other) Walter Cummins M.D.
Address 4620 Indep. Ave. Date signed 10-22-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Cummings
sign before Sat.
bring by house
Prof Bldg

Indf Ave +
Lawndale.

Be-1188

Ch-4657
4809-E.7 St

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.....

Licensed Embalmer No.....

P. O. Address.....

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.