

No. 300
1-10-47
5-17-39
I 3905

FILED DEC 11 1948

State File No. _____
Registrar's No. **4823**

Registration District No. **149**

Primary Registration District No. **1002**

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:
GENERAL HOSPITAL #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 days**
(Specify whether years, months or days)

In this community **19 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")

(d) Street No. **2455 Flora Avenue**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **HOLLIE HARRIS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **FEMALE** 5. Color or race **NECRO** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **AUGUST 1 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	23	hr. _____ min. _____

9. Birthplace **SHELBY COUNTY TENNESSEE**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **JOHN HUMPHREY**

13. Birthplace **TENNESSEE**
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH CRYOR**

15. Birthplace **TENNESSEE**
(City, town, or county) (State or foreign country)

16. (a) Informant **DAUGHTER: MARY BOSTIC**

(b) Address **2455 Flora Avenue**

17. (a) **Burial** (b) Date thereof: **11/29/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **W. J. ...**
(b) Address **1729 ... Ave.**

19. (a) **11-26-48** (b) **Hollie Harris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **24**
year **1948** hour **1:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **OCTOBER 31**, 19 **48**, to **NOVEMBER 24**, 19 **48**; that I last saw her alive on **NOVEMBER 24**, 19 **48**; and that death occurred on the date and hour stated above.

Immediate cause of death **CARDIAC FAILURE**

Due to **GENERALIZED ARTERIOSCLEROTIC TYPE HEART DISEASE**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations **9.5.0**
Of autopsy _____

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? **E. Frank Ellis**

While at work _____ (Specify type of place)
(a) Means of injury _____

23. Signature **E. Frank Ellis** (M. D. or other) **M.D.**
Address **600 East 22nd Street** Date signed **11/24/48**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 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.