

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40159**
5214
Registrar's No. _____

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 NO. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 DAY** (Specify whether
in this community **40 YRS.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **48**
(c) City or town **KANSAS CITY** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **1409 E. 13TH STREET** **8**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **DOBA HARLAND**

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

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

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

7. Birth date of deceased **FEBRUARY 4th 1892**
(Month) (Day) (Year)

8. AGE: Years **56²** Months **10** Days **18** If less than one day hr. _____ min. _____

9. Birthplace **LEAVENWORTH KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **WILLIAM BLACKBURN HUNN**

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

14. Maiden name **SARAH**

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

16. (a) Informant **LAURA MINOR**

(b) Address **1409 E. 13TH ST.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/30/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cemetery, INDEP. MO.**

18. (a) Signature of funeral director **Walter B. Ellis**

(b) Address **1729 Lyndon Ave.**

19. (a) **12-23-48** (b) **Stearline Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DECEMBER** day **22**, year **1948** hour **4:** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **DECEMBER 21**, 19**48**, to **DECEMBER 22**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration _____

Due to **ARTERIONEPHROSCLEROSIS**

Due to **GENERALIZED ARTERIOSCLEROSIS**

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)

Did injury occur in or about home, on farm, in industrial place, in public place?

E. **Frank Ellis** (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **Frank Ellis** (M. D. or other) _____

Address **GENERAL HOSPITAL NO. 2** Date signed **12/23/48**

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 *J. 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.