

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4926
423

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | c. LENGTH OF STAY (In this place) 4 YEARS | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5427 EUCLID AVENUE 1 | | d. STREET ADDRESS (If rural, give location) 5427 EUCLID AVENUE | |

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|-------------------------------------|------------------|--------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) ELIZA | b. (Middle) JANE | c. (Last) HARRISON | JAN. 27-1949 | | |

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|---------------|------------------------|--|-------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH APRIL-9-1872 | 9. AGE (In years last birthday) 76 YRS. | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|---------------|------------------------|--|-------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) AT HOME | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) ATLANTA MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME THOMAS HAYWARD | 13b. MOTHER'S MAIDEN NAME NANCY KELLY | 14. NAME OF HUSBAND OR WIFE JOHN W. HARRISON |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT'S SIGNATURE OR NAME Mrs. LEONARD J. EBERT | ADDRESS 1486 EAST 76TH IER. KANSAS CITY, MO. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 15 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension | | |
| | DUE TO (c) Arteriosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 33X | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Jan. 1949, to Jan 27, 1949, that I last saw the deceased alive on Jan 26, 1949, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

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|---|-------------------------------------|--------------------------|
| 23a. SIGNATURE Edson C. Carrier (Degree or title) | 23b. ADDRESS 242 Plaza Medical Bldg | 23c. DATE SIGNED 1/28/49 |
|---|-------------------------------------|--------------------------|

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|---|-----------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL REMOVAL | 24b. DATE JAN-30-1949 | 24c. NAME OF CEMETERY OR CREMATORY NEW HARMONY CEMETERY | 24d. LOCATION (City, town, or county) (State) LA PLATA MISSOURI |
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|----------------------------------|---|---|---|
| DATE REC'D BY LOCAL REG. 1-29-49 | REGISTRAR'S SIGNATURE Geraldine Holmead | 25. FUNERAL DIRECTOR'S SIGNATURE H. Newcomer's Sons | ADDRESS 1401 BRUSH CREEK BLY. KANSAS CITY, MISSOURI |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edward M. Stone

Signed _____

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address: *K, C, 4 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.