

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 84095

|                                                                                                                                                                                                                                                                                      |  |                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                                      |  | REG. DIST. NO. <u>149</u>                                                                      |  | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Registrar's No. <u>1185</u>                                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>                                                                                                                                                                                                                                        |  |                                                                                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                  |  |
| b. CITY OR TOWN <u>KANSAS CITY</u>                                                                                                                                                                                                                                                   |  | c. LENGTH OF STAY (In this place) <u>LIFETIME</u>                                              |  | c. CITY OR TOWN <u>KANSAS CITY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>                                                                                                                                                                                                                   |  |                                                                                                |  | d. STREET ADDRESS (If rural, give location) <u>1401 DENVER AVENUE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MRS. ELSIE</u>                                                                                                                                                                                                                  |  | b. (Middle) <u>M.</u>                                                                          |  | c. (Last) <u>HARRIS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-13-1949</u>                         |  |
| 5. SEX <u>FEMALE</u>                                                                                                                                                                                                                                                                 |  | 6. COLOR OR RACE <u>WHITE</u>                                                                  |  | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 8. DATE OF BIRTH <u>OCT. 14, 1891</u>                                            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>                                                                                                                                                                              |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>                                               |  | 9. AGE (In years last birthday) <u>57 YRS.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 11. BIRTHPLACE (State or foreign country) <u>BLUE SPRINGS, MISSOURI</u>          |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                                                                                                                                                                                                                           |  | 13a. FATHER'S NAME <u>SAMUEL E. AUSTIN</u>                                                     |  | 13b. MOTHER'S MAIDEN NAME <u>SARAH PERDIE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 14. NAME OF HUSBAND OR WIFE <u>ROBERT L. HARRIS</u>                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>                                                                                                                                                                                                          |  | 16. SOCIAL SECURITY NO. <u>NONE</u>                                                            |  | 17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT L. HARRIS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | ADDRESS <u>1401 DENVER, K.C. MO</u>                                              |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                                        |  |                                                                                                |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u><br>(b) <u>Recent embolization</u><br>(c) <u>of the coronary arteries - per</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u> |  |                                                                                  |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                                                         |  | 19b. MAJOR FINDINGS OF OPERATION _____                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 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) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.                         |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                               |  | 21f. HOW DID INJURY OCCUR? _____                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                  |  |
| 22. I hereby certify that I attended the deceased from <u>2 yrs.</u> , 19 <u>47</u> , to <u>3-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-12</u> , 19 <u>49</u> , and that death occurred at <u>5:10 A.M.</u> , from the causes and on the date stated above. |  |                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                  |  |
| 23a. SIGNATURE <u>B. Atcherson</u> (Degree or title) _____                                                                                                                                                                                                                           |  |                                                                                                |  | 23b. ADDRESS <u>3830 Regent</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 23c. DATE SIGNED <u>3-14-49</u>                                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                                                                                                                                                                                                                              |  | 24b. DATE <u>MAR. 15, 1949</u>                                                                 |  | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>       |  |
| DATE REC'D BY LOCAL REG. <u>3-15-49</u>                                                                                                                                                                                                                                              |  | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>                                                   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. H. Newcomer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | ADDRESS <u>1014 Kansas City, Mo</u>                                              |  |

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Bernard L. Horan

Licensed Embalmer No. 4250

P. O. Address N. C. 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.