

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8411

State File No. 1103

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>unknown</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>620 Cobbage Lane</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MAGGIE</b>	b. (Middle)	c. (Last) <b>HARRIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 24 1949</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>unknown</b>	8. DATE OF BIRTH <b>unknown</b>	9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <b>84</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>unknown</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CLARA WALLS</b>	ADDRESS <b>CLINTON, MISSOURI</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RESPIRATORY FAILURE</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>HYPERTENSIVE HEART DISEASE with CEREBRAL VASCULAR ACCIDENT</b> DUE TO (c) <b>POSSIBLE THROMBOSIS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>443 X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/24/, 1949, to 1/24/, 1949 that I last saw the deceased alive on 1/24/, 1949, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Ellis</b>	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>1/24/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>	24b. DATE <b>3-11-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>15C Aust Sac</b>	24d. LOCATION (City, town, or county) (State) <b>15C Hosp Hospit #2 K.C. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-10-49</b>	REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. L. ...</b>	ADDRESS <b>K.C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Wm. A. Bohmeyer* .....

Signed.....

Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *H. C. 7110*

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.