

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 19572
2762

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1000		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO 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) 10 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City				
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 1/2 Main				d. STREET ADDRESS (If rural, give location) 514 1/2 Main					
3. NAME OF DECEASED (Type or Print)		a. (First) Richard		b. (Middle) S		c. (Last) Harris			
4. DATE OF DEATH		(Month) June		(Day) 9		(Year) 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Oct 15 1872		9. AGE (to years last birthday) 76			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Owensburg Ky		12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Do not know		13b. MOTHER'S MAIDEN NAME Do not know		14. NAME OF HUSBAND OR WIFE Do not know					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Do not know		16. SOCIAL SECURITY NO. Do not know		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Coroners Office KCMO					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enteric Pleuro-pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholics 4200						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Not first admit						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Hugh H. Owens (Degree or title) Annotat Owens Coroner				23b. ADDRESS 1839 Walnut Bldg		23c. DATE SIGNED 6-24-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) School		24b. DATE 6-27-49		24c. NAME OF CEMETERY OR CREMATORY K.C. College of Ospepathy		24d. LOCATION (City, town, or county) (State) Kansas City MO			
DATE REC'D BY LOCAL REG. 6-27-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Passantino Bros KCMO					

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

F. S. Walton

Licensed Embalmer No.

2744

P. O. Address

14 C M

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.