

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26912**  
**3346**

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) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>25 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2610 Charlotte</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2610 Charlotte</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) _____ c. (Last) <b>HARRIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2, 1949</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>Oct. 6, 1886</b>		9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	
11. BIRTHPLACE (State or foreign country) <b>New Athens, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			

13a. FATHER'S NAME <b>Andrew Emge</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Daneiski</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Harris</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Olive Heinicke, Freeburg, Illinois</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Thrombosis</b>				<b>App. 5 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatoid Arthritis</b>				<b>3 yrs.</b>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Cholecystitis</b>				<b>2 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input 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) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **Oct 30, 1948** to **Aug 2, 1949**, that I last saw the deceased alive on **Aug 2, 1949**, and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. E. Vaughn</b> (Degree or title) <b>A. E. Vaughn M.D.</b>		23b. ADDRESS <b>1333 Linwood</b>		23c. DATE SIGNED <b>Aug 2 '49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-3-49</b>		24c. NAME OF CEMETERY OR CREMATORY _____	
				24d. LOCATION (City, town, or county) (State) <b>New Athens, Illinois</b>	

DATE REC'D BY LOCAL REG. <b>8-3-49</b>		REGISTRAR'S SIGNATURE <b>Steldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b> ADDRESS <b>Kansas City, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. C. Targher  
Linwood & Pares  
Va. 7578  
anytime

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address : \_\_\_\_\_

**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.