

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30305

State File No.

FILED SEP 17 1949

3690

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>About 38 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		40			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1210 Woodland</u>				d. STREET ADDRESS (If rural, give location) <u>1210 Woodland</u>					
3. NAME OF DECEASED a. (First) <u>Leslie</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 10, 1887</u>			
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>City-Street Cleaning</u>			11. BIRTHPLACE (State or foreign country) <u>Lexington, Mo.</u>			
12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>None - unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Hannie Lovings</u>		14. NAME OF HUSBAND OR WIFE <u>Mayme Harris-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>None</u>		16. SOCIAL SECURITY <u>49687-8493</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mayme Harris - 1210 Woodland</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						443X	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>April 23, 1949</u> , to <u>Aug. 24, 1949</u> , that I last saw the deceased alive on <u>Aug. 24, 1949</u> , and that death occurred at <u>3:25 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>George H. Taft, M.D.</u> (Degree or title)				23b. ADDRESS <u>2204 E. 18th. st.</u>			23c. DATE SIGNED <u>8-26-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-27-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Stirling Bell</u> ADDRESS <u>1212 Vine</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas C

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.

State of Missouri
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 30305
Local Registrar's No. 3690

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of January, 1950, before me appears George H. Taft, who, upon his oath, states that the original record of ~~birth~~ death for Leslie M. Harris died August 24, 1949, in the State of Missouri, and which was filed at Kansas City, Mo. on Aug. 27, 1949, should be corrected as follows:

Item No. I.(a) should read Probable Cerebral Hemorrhage

Instead of Acute Congestive Heart Failure

Item No. I.(b) should read Hypertensive Heart Disease and Blow to Head

Instead of Hypertensive Heart Disease

Item No. 21a. should read Accident

Instead of None

Item No. 21b. should read Street

Instead of ---

Item No. 21c. should read Kansas City, Jackson, Missouri

Instead of ---

Item No. 21d. should read August 7, 1949

Instead of ---

Item No. 21e. should read While at work

Instead of ---

Item No. 21f. should read Hit by Automobile

Instead of ---

The above is true to the best of my knowledge, information and belief.

(SEAL)

George H. Taft - Physician
Affiant Relationship.
2204 S 18th St. K.C. Mo.
Present Address.

Subscribed and sworn to before me this 21st day of January, 1950

My Commission expires Aug 24, 1950 Notary Public.

