

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41118

State File No. ....

5256

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		-a. STATE <b>Kansas</b>		-b. COUNTY <b>Wyandotte</b>	
c. LENGTH OF STAY (in this place) <b>2 Weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>339 South 18th. Street</b>		d. STREET ADDRESS <b>Kansas City 2</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital, K.C.Mo</b>							
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Laura</b>		b. (Middle) <b>Maude</b>		c. (Last) <b>Harris</b>	
4. DATE OF DEATH		(Month) (Day) (Year)		<b>December 11 1949</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 3, 1893</b>	9. AGE (in years last birthday) <b>56-3-8</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Norton, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>G. W. Painter</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Louise Conarty</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. Harris</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm. Harris, 339 So. 18th. K.C.K.</b>			
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, asthma, 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>Diabetic Coma</b>					
		ANTECEDENT CAUSES		DUE TO (b) <b>Congestive Heart Failure</b>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Terminal Pneumonia</b>			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Homeworth, Jackson, Mo</b>			
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 <b>12-10</b> , 19 <b>49</b> , to <b>Dec. 11</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Dec. 11</b> , 19 <b>49</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>M. Sewell</b>		(Degree or title) <b>MD.</b>		23b. ADDRESS <b>Kansas City, Missouri</b>		23c. DATE SIGNED <b>Dec. 12/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec. 13/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City 2, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>12-12-49</b>		REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. A. Butler's Sons, 22 So. 18th. K.C.K.</b>			

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.....

Licensed Embalmer No. 3426

P. O. Address Kansas City 2, Kansas

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.