

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41120**  
**5325**

|  |  |  |  |   |  |   |  |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>149</b>  |  | PRIMARY REG. DIST. NO. <b>1002</b>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>KANSAS CITY</b>   |  | c. LENGTH OF STAY, (in this place)<br><b>WIFE</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>KANSAS CITY</b>  |  | 46<br>24 1/2  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KANSAS CITY GENERAL HOSP. #1</b>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>5108 EAST 27TH STREET</b>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>WALTER</b>   |  | b. (Middle) <b>ELMER</b>   |  | c. (Last) <b>HARRISON</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>DEC. - 12 - 1949</b>                    |  |
| 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>  |  | 8. DATE OF BIRTH<br><b>FEB. 9 - 1912</b>  |  |
| 9. AGE (In years last birthday)<br><b>37 YRS.</b>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>TRUCK DRIVER</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>MERCHANTS PARCEL DELIVERY</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>KANSAS CITY, MISSOURI</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |  |
| 13a. FATHER'S NAME<br><b>SAMUEL OLIVER HARRISON</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>BARBARA ELLEN ANDERSON</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>CRYSTAL HARRISON</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. (If you, give war or dates of service)<br><b>486-07-9653</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. CRYSTAL I. HARRISON 5108 EAST 27th</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>undetermined broncho pneumonia</b><br>petechial hemorrhage of brain<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>secondary amyloidosis</b><br>parenchymatous degeneration of<br>DUE TO (c) <b>arteriosclerotic heart, liver &amp; kidneys</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 4222  |  | 20. AUTOPSY?<br>YES <input checked="" 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) (Min.)   |  | 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 <b>5:30 P.M.</b> , from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)  |  |  |  | 23b. ADDRESS<br><b>1034 Rusk Blvd</b>   |  | 23c. DATE SIGNED<br><b>12-14-49</b>   |  |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify)   |  | 24b. DATE<br><b>Dec 15 49</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Fareast Hill</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kc Mo</b>                       |  |
| DATE REC'D BY LOCAL REG.<br><b>12-15-49</b>  |  | REGISTRAR'S SIGNATURE<br><b>Thereldine Holmes</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>D.W. Newcomer's Sons 1331 BRUSH GREEN BLVD KANSAS CITY, MO.</b>                              |  |   |  |

(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 \_\_\_\_\_

working under my personal supervision.

Signed Dayle L. Dams Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address ACMO

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.