

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED FEB 18 1950

State File No. 449
Registrar's No. 449

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 38 yrs.		d. STREET ADDRESS (If rural, give location) 1112 Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1112 Park			
3. NAME OF DECEASED a. (First) George (Type or Print)		b. (Middle) Will	
c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) 1 28 1950	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-5-1891
9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook		10b. KIND OF BUSINESS OR INDUSTRY Burlington R. R.	
11. BIRTHPLACE (State or foreign country) Midway, Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME George Harris		13b. MOTHER'S MAIDEN NAME Emma Redd	
14. NAME OF HUSBAND OR WIFE Jessie Harris			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 708-01-7877	17. INFORMANT'S SIGNATURE OR NAME Jessie Harris ADDRESS 1112 Park	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Unknown
	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. Hypertension 4201		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)

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?
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22. I hereby certify that I attended the deceased from **1/28**, 19**50**, to **1/28**, 19**50**, that I last saw the deceased alive on **1/28**, 19**50**, and that death occurred at **11:30P** m., from the causes and on the date stated above.

23a. SIGNATURE L. S. Daigle, M.D. (Source of title)	23b. ADDRESS 2122 Truman Road	23c. DATE SIGNED 1/31/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-2-1950	24c. NAME OF CEMETERY OR CREMATORY Highland Ceme.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 1-31-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones ADDRESS 440 state ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Daigle L. S.
2122 Iruman Rd

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.

Signed Eugene English

Signed _____
Student Embalmer

Licensed Embalmer No. 4705

P. O. Address 440 State Ave
K.C. Mo

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.