

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Star File No. **8713**
814

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 OR TOWN <u>KANSAS CITY</u>)		c. LENGTH OF STAY (in this place) <u>3 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 22106</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4002 EAST 24TH STREET</u>				d. STREET ADDRESS (If rural, give location) <u>4002 EAST 24TH STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u>		b. (Middle) <u>MILLER</u>		c. (Last) <u>HARRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 21 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED!</u>		8. DATE OF BIRTH <u>SEPT. 16 1946</u>	
9. AGE (In years last birthday) <u>3 YEARS</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACK C HARRIS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY JANE MORROW</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JACK C. HARRIS</u> ADDRESS <u>4002 EAST 24TH ST. KANSAS CITY, MO.</u>			
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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Convulsions</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) <u>Encephalitis -</u>				<u>2 yrs</u>	
		DUE TO (c) <u>Upper respiratory infection</u>				<u>3 days</u>	
		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 <u>344X</u>				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) _____ (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>Feb 19</u> , 19 <u>50</u> , to <u>Feb 21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 19</u> , 19 <u>50</u> , and that death occurred at <u>11:15 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles J. Eldridge M.D.</u> (Degree or title)				23b. ADDRESS <u>6247 Brookside Blvd</u>		23c. DATE SIGNED <u>2/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>FEB. 22 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-22-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holm</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Bernard L. Jones.....

Licensed Embalmer No. 4250.....

P. O. Address 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.