

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23060

FILED AUG 4 1951

State File No. 3175

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3175</u>			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>				b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>2.5 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>2414 Euclid Avenue</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>				3. NAME OF DECEASED a. (First) <b>BESSIE</b>				b. (Middle) <b>MAE</b>	
				c. (Last) <b>HARRIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 15 1951</b>			
5. SEX <b>3</b> <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>APRIL 25 1877</b>			
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>WEST VIRGINIA</b>			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>BEVERLY HARRIS</b>		13b. MOTHER'S MAIDEN NAME <b>TRICIEL FLYNN</b>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>Arthur Harris</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>TRICIEL L. TIDWELL 2414 Euclid Avenue</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TERMINAL BRONCHO PNEUMONIA</b>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>					
				DUE TO (c) <b>SENILE PSYCHOSIS, MALNUTRITION</b>				<b>4 1/2 mo</b>	
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) (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 <u>7-10</u> , 19 <u>51</u> to <u>7-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-15</u> , 19 <u>51</u> , and that death occurred at <u>7:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Frank Ellis</b>				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>7-16-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-24-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SWEET HOME</b>		24d. LOCATION (City, town, or county) (State) <b>SWEET HOME, TEXAS</b>			
DATE REC'D BY LOCAL REG. <b>7-25-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BRADY-BROWN, K.C., MO.</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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*L. P. Harris Sr.*

Licensed Embalmer No. 5388

Signed .....  
Student Embalmer

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.