

No. 300
10. 48

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23348

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 81

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 OR TOWN <u>PRAIRIE</u>	c. LENGTH OF STAY (In this place) <u>50 YRS</u>	c. CITY OR TOWN <u>PRAIRIE</u>	d. STREET ADDRESS (If rural, give location) <u>LEES SUMMIT RD. JACKSON COUNTY HOME</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON COUNTY HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHNSON</u>	a. (First)	b. (Middle)	c. (Last) <u>HARRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 23 '51</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-12-1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CHURCH</u>	11. BIRTHPLACE (State or foreign country) <u>MISSISSIPPI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ROSE HARRIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROSE HARRIS</u>	ADDRESS <u>1419-E-3rd N.C., MO</u>
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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) <u>nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-1-1951</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	DUE TO (c)		
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>593X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 6-1-1951, to 6-23-1951, that I last saw the deceased alive on 6-22-1951, and that death occurred at 10:04 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. Y. Griffin</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>R.#4 Independence Mo</u>	23c. DATE SIGNED <u>6-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVALS</u>	24b. DATE <u>6-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANS.</u>
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DATE REC'D BY LOCAL REG. <u>6-28-51</u>	REGISTRAR'S SIGNATURE <u>Dwaine C. Emanuel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u>	ADDRESS <u>1708 TRACY N.P., MO</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 13 RECD

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.....
Student Embalmer

Student Embalmer No.....
Signed *B.H. Hunter*

Licensed Embalmer No. *1271*

P. O. Address *Kansas City 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.