

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29516**

FILED OCT 8 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1005**

2117
2

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

1. PLACE OF DEATH a. COUNTY Buchanan		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) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 14.62-2.45		3. 308	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2		d. STREET ADDRESS (If rural, give location) 2000 E. 24th, Saracen	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIE	b. (Middle) S.	c. (Last) HARRIS.	4. DATE OF DEATH (Month) (Day) (Year) 9-29-1951
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5. SEX Male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-25-1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 9 Days 4	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer	10b. KIND OF BUSINESS OR INDUSTRY Common Labor	11. BIRTHPLACE (State or foreign country) Winder, Louisiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W. H. Harris	13b. MOTHER'S MAIDEN NAME W. H. Harris	14. NAME OF HUSBAND OR WIFE Adelle Lee Harris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Adelle Lee Harris	ADDRESS 2000 E. 24th, K.C. Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syphilis DUE TO (c) 023X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 **3-8-1950** to **9-29-1951**, that I last saw the deceased alive on **9-29-1951**, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Mansoury	23b. ADDRESS M.D., State Hospital No. 2, St. Joseph, Mo	23c. DATE SIGNED 9-29-1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-30-51	24c. NAME OF CEMETERY OR CREMATORY Kansas City, Kansas	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. Oct 1, 1951	REGISTRAR'S SIGNATURE Case C. Carter	446	25. FUNERAL DIRECTOR'S SIGNATURE Walter W. Kattler	ADDRESS 1501 K
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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.

Signed _____

Nathan Hatcher

Signed _____
Student Embalmer

Licensed Embalmer No. 2700

P. O. Address. KCK.

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.