

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8389

State File No. 1131

BIRTHING. MAD 22 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

008
0

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 1 week	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran		d. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Anderson c. (Last) Harman			4. DATE OF DEATH (Month) (Day) (Year) Mar 10 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17 1865
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 0 Days 13	IF UNDER 2 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Bowling Green Ky.	12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME William Harman		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Jestina Harman
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) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Harman 5125 N Chelsea K C Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Calcipomonatosis Origin undetermined ANTECEDENT CAUSES None Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None 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 None		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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?	
22. I hereby certify that I attended the deceased from Jan 2 , 1952, to Mar 10 , 1952, that I last saw the deceased alive on Mar 9 , 1952, and that death occurred at 8:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul H. Knox (Degree or title) MD		23b. ADDRESS 224 Rialto Bldg	23c. DATE SIGNED 3-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 13	24c. NAME OF CEMETERY OR CREMATORY Plymouth	24d. LOCATION (City, town, or county) (State) Plymouth Mo.
DATE REC'D BY LOCAL REG. 3-10-52	REGISTRAR'S SIGNATURE Thereldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Wagner Funeral Home	ADDRESS Kansas City Mo.

Kenzie - BA 1480
918/1000
8:11 P.M.
Till 9 - P.M.

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 Alvin R. Haenschel

Licensed Embalmer No. 4159

P. O. Address K. E. 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.