

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31654

State File No. _____
Registrar's No. **3910**

FILED SEP 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 3910		
1. PLACE OF DEATH a. COUNTY Jackson				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) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 6 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1608 Cambell		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1608 Cambell				d. STREET ADDRESS (If rural, give location) 1608 Cambell				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Harris			4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1952					
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 11-11-1903		
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) The Plains, Va.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Moore Carter Harris		13b. MOTHER'S MAIDEN NAME Mariah Ward		14. NAME OF HUSBAND OR WIFE none		
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. 478-18-787		17. INFORMANT'S SIGNATURE OR NAME Robert Harris ADDRESS 1608 Cambell				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia and Acidosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriolar Nephrosclerosis DUE TO (c) Hypertensive Cardiovascular Disease (malignant hypertension) Diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 Weeks 1 Year + 5 Years + Unknown	
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)		21f. HOW DID INJURY OCCUR		
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 <u>25 July, 1952</u> , to <u>3 Sept., 1952</u> , that I last saw the deceased alive on <u>1 Sept., 1952</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE Philip G. Kaul (Degree or title) MD				23b. ADDRESS 411 Nichols Road		23c. DATE SIGNED 9-3-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-5-52		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Washington, D.C.		
DATE REC'D BY LOCAL REG. 9-4-52		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones, Inc. ADDRESS Vine				

(Licensed Embalmer's Statement on Reverse Side)

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

708-11-112

Arterior Arteriosclerosis
Arteriosclerosis
Arteriosclerosis

STATEMENT BY LICENSED EMBALMER

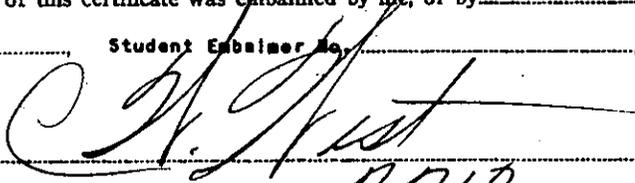
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 2710

P. O. Address: S. 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.