

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34471
4394

OCT 25 1952

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

0248

| | | | | | |
|---|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">CLAY</p> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">MISSOURI</p> b. COUNTY <p style="text-align: center;">CLAY</p> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">KANSAS CITY NORTH</p> | | c. LENGTH OF STAY (In this place) <p style="text-align: center;">72 yrs</p> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">KANSAS CITY NORTH</p> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">6407 E 54TH. NORTH</p> | | | d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">6407 E 54TH. NORTH</p> | | |
| 3. NAME OF DECEASED (Type or Print) <p style="text-align: center;">MACE</p> | | a. (First) | b. (Middle) <p style="text-align: center;">BRANSON</p> | c. (Last) <p style="text-align: center;">HARRIS</p> | 4. DATE OF DEATH <p style="text-align: center;">OCT. 8 1952</p> |
| 5. SEX <p style="text-align: center;">MALE</p> | 6. COLOR OR RACE <p style="text-align: center;">WHITE</p> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">MARRIED</p> | 8. DATE OF BIRTH <p style="text-align: center;">15 NOV. 1875</p> | 9. AGE (In years last birthday) <p style="text-align: center;">76</p> | 10. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">RETIRED FARMER</p> | | 10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">AGRICULTURE</p> | 11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">HOLT, MISSOURI</p> | | 12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p> |
| 13a. FATHER'S NAME <p style="text-align: center;">HENRY HARRIS</p> | | 13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">UNKNOWN</p> | | 14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">MRS. GEORGIA HARRIS</p> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">NO</p> | 16. SOCIAL SECURITY NO. <p style="text-align: center;">X</p> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">G. HARRIS 5806 E 12TH. ST. K.C. MO.</p> | | | |
| 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) <p style="text-align: center;">Myocardial Failure</p> ANTECEDENT CAUSES DUE TO (b) <p style="text-align: center;">Cardiovascular Resul Disease</p> DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">12hr</p> <p style="text-align: center;">10 yrs.</p> <p style="text-align: center;">44 1/2</p> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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>May, 1940</u> , to <u>Oct 8, 1952</u> , that I last saw the deceased alive on <u>Oct 4, 1952</u> , and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <p style="text-align: center;">Glenn W. Hendren</p> | | | (Degree or title) <p style="text-align: center;">MD</p> | 23b. ADDRESS <p style="text-align: center;">Liberty, Mo</p> | 23c. DATE SIGNED <p style="text-align: center;">Oct 8 1952</p> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">BURIAL</p> | 24b. DATE <p style="text-align: center;">11 OCT. 52</p> | 24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">FLORAL HILLS</p> | 24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">KANSAS CITY, MO.</p> | | |
| DATE REC'D BY LOCAL REG. <p style="text-align: center;">10-9-52</p> | REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Smith</p> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">FLORAL HILLS MEMORIAL CHAPELS K.C. MO.</p> | | |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd C. McLeod

Licensed Embalmer No. 4853

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.