S. No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1952

State File No. 38708

BIRTH NO. 68621 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5257

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1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) Twelve
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2217 Michigan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City, Mo. 38
d. STREET ADDRESS (If rural, give location) 2217 Michigan 3380

3. NAME OF DECEASED (Type or Print) a. (First) TOMMIE b. (Middle) G. c. (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year) 12-1-"52"

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH Oct. 14, 1952
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Kansas City, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Rosetta Harris
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. None
17. INFORMANT'S SIGNATURE OR NAME Rosetta Harris ADDRESS 2217 Michigan

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia-Severe.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Not Definite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 490X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 18th, *to* 12-1st., 19 52, *that I last saw the deceased alive on* 12-1-52, 19___, *and that death occurred at* 1:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE George H. Taft (Degree or title) George H. Taft, M.D.
23b. ADDRESS 2204 E. 18th. St. K.C.Mo.
23c. DATE SIGNED 12-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-3-52
24c. NAME OF CEMETERY OR CREMATORY Lincoln
24d. LOCATION (City, town, or county) (State) Kansas City Mo

DATE REC'D BY LOCAL REG. 12-2-52
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Bryham & Jones ADDRESS 2307 E. 18th

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Laurence A. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4429

P. O. Address 2802 E. 18th K.C.

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.