

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14225

State File No.

FILED APR 25 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1779

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>25 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3258</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u> | | d. STREET ADDRESS (If rural, give location) <u>1722 Park Avenue</u> <u>8</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>M.</u> c. (Last) <u>Harris</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>28</u> <u>1953</u> | | |
| 5. SEX <u>female</u> <u>3</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>May 15, 1908</u> |
| 9. AGE (in years last birthday) <u>45</u> | # UNDER 1 YEAR Months _____ Days _____ | # UNDER 1 YEAR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>paper sorter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Paper house</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>La Fayette Co., Mo.</u> <u>0</u> |
| | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Charlie Washington</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma -</u> | 14. NAME OF HUSBAND OR WIFE <u>Lovie Harris</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-16-9623</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Taylor</u> ADDRESS <u>1722 Park</u> |

| | | | |
|--|------------------------------|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>emia, Septicemia, etiology unknown</u> <u>(n.m.o.)</u> | | | |
| ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | DUE TO (b) | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>0534</u> |

| | | |
|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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 2-6-53, 19 , to 3-28-53, 19 , that I last saw the deceased alive on 3-28-53, 19 , and that death occurred at 7:20 p m., from the causes and on the date stated above.

| | | |
|---|--|--|
| 23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>600 East 22nd Street</u> | 23c. DATE SIGNED <u>3-20-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>4-1-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u> |
| | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | |

| | | |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>4-1-53</u> | REGISTRAR'S SIGNATURE <u>Steraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brigham & Jones</u> ADDRESS <u>2300 E. 18th.</u> |
|---|--|--|

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

WRITE PLAINLY—USING UNFADING INK

| | | | |
|--|---|--|--|
| 18. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) <i>Stiology</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>Gen. Hoop #12</i> | |
| 20. AUTOPSY? YES <input checked="" 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) 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>2-6-53</u> , 19 <u> </u> , to <u>3-28-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-28-53</u> , 19 <u> </u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>E. Frank Ellis</i> | | 23b. ADDRESS MD 600 East 22nd Street | 23c. DATE SIGNED 3-30-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>4/1/1953</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i> | 24d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i> |
| DATE REC'D BY LOCAL REG. <i>4-1-53</i> | REGISTRAR'S SIGNATURE <i>Geraldine Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Brightman & Jones</i> | |
| | | ADDRESS <i>2300 E. 12th</i> | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

PAID TO THE STATE OF MISSISSIPPI
RECEIVED
FEB 17 1953

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 1953

S-14225

Signed _____

Lawrence A. Jones

Licensed Embalmer No. 4429

P. O. Address 2308 East

2308 East

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.