

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42938**  
Registrar's No. **5636**

FILED DEC 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b> | c. LENGTH OF STAY (In this place)<br><b>33 yrs.</b> | c. CITY OR TOWN <b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>                                 |   | e. STREET ADDRESS (If rural, give location)<br><b>2801 Brooklyn Avenue</b>  | <b>3988</b><br><b>0</b>  |

|  |                                 |   |   |  |  |
|--|---------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Della</b> b. (Middle) _____ c. (Last) <b>Harrison</b>     |                                 |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>11 24 1953</b>                        |  |  |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>Colored</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Divorced 3</b> | 8. DATE OF BIRTH<br><b>March 7, 1890</b>  | 9. AGE (In years last birthday)<br><b>63</b> | IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Domestic</b> |                                 | 10b. KIND OF BUSINESS OR INDUSTRY _____                                     | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Sidon, Mississippi /</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                     |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>Allen Harrison</b>   | 13b. MOTHER'S MAIDEN NAME<br><b>Lizzie Splonde</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Robert Rice</b>                             |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b>             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Martha Nall 2801 Brooklyn</b> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary thrombosis and infarction</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Bilateral broncho pneumonia</b>   |   |  |                                  |

|  |  |   |
|--|--|---|
| 19a. DATE OF OPERATION                                 | 19b. MAJOR FINDINGS OF OPERATION<br><b>465x</b>  | 20. AUTOPSY?<br>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) (Min.) | 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 **11-9-53**, 19\_\_\_\_, to **11-24-53**, 19\_\_\_\_, that I last saw the deceased alive on **11-24-53**, 19\_\_\_\_, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

|  |  |   |  |
|--|--|---|--|
| 23a. SIGNATURE<br><b>E. Frank Miller</b>                   | (Degree or title) <b>MD</b>                      | 23b. ADDRESS<br><b>600 East 22nd Street</b>                                   | 23c. DATE SIGNED<br><b>11-24-53</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>12/1/53</b>                      | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Blue Ridge Lawn</b>                  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City Missouri</b> |
| DATE REC'D BY LOCAL REG.<br><b>11-30-53</b>                | REGISTRAR'S SIGNATURE<br><b>Sheraldine Smith</b> | 5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Watkins Bros. 18 1/2 Benton</b> |  |

---

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.....  
Signature of Student Embalmer

Signed..... *Bruce L. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *78<sup>th</sup> & Benton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.