

FILED SEP 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26194

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar No. 3790			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>65 YRS.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HAVEN MANOR N.H., 3526 WALNUT</b>				STREET ADDRESS (If rural, give location) <b>6145 HOLMES</b>					
3. NAME OF DECEASED (Type or Print) <b>JAMES</b>			a. (First)		b. (Middle) <b>HARRIS</b>		c. (Last)		
4. DATE OF DEATH <b>AUGUST 27, 1955</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JUNE 27, 1870</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CAR REPAIR FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MO. PAC. RAILROAD</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>SCOTLAND 4</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>JAMES HARRIS</b>			13b. MOTHER'S MAIDEN NAME <b>MARY EDWARDS</b>		14. NAME OF HUSBAND OR WIFE <b>ANNIE HARRIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-16-9951</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. AGNES BAUM, 6145 HOLMES, K. C. MO.</b>					
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) <b>Arteriosclerotic ht disease</b>  ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <b>Hypertensive Cardiovascular disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>  <b>4 hrs.</b> <b>5 yrs.</b>	
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) (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 <b>Aug. 27, 1955</b> , to <b>death</b> , 19___, that I last saw the deceased alive on <b>Aug. 27, 1955</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>E. L. Slantz</b> <i>E. L. Slantz</i>				(Degree or title)		23b. ADDRESS <b>315 Nichols Rd, N.E. Mo</b>		23c. DATE SIGNED <b>8/29/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>8/29/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE</b>		24d. LOCATION (City, town, or county) (State). <b>KANSAS CITY, KANSAS</b>			
DATE REC'D BY LOCAL REG. <b>8-29-55</b>		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>		ADDRESS <b>K.C. MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. E. L. Smith  
Way Med. Sch  
Lo 1533

Eff 6:00

Smith's Aunt  
Virginia

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 *Elmer D. Tipton*

Licensed Embalmer No. *481*

P. O. Address *Kennett*

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.