

No. 300
M-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

FEDERAL DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26117**
Registrar's No. **3277**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Weeks**
In this community **2 Weeks** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Harry E. Alcorn**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Ruth Alcorn**
6. (c) Age of husband or wife if alive **1883** years

7. Birth date of deceased **1 30 1883**
(Month) (Day) (Year)
8. AGE: Years **65** Months **6** Days **13** If less than one day hr. min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
12. Name **William Wilson Alcorn**
13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)
14. Maiden name **Ida M. Gray**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Helen Alcorn**
(b) Address **3830 Montgall**

17. (a) **Removal** (b) Date thereof **8-13-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **Kansas City Missouri**

19. (a) **8-13-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(If outside city or town limits, write "RURAL")
(d) Street No. **7**
(If rural, give location) **i**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13th.**
year **1948** hour **12** minute **01** A.M.

21. I hereby certify that I attended the deceased from **(As Pathologist)**
that I last saw him alive on **8-2-48**, 19 **48**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Pulmonary Embolism following supra-pubic prostaticotomy (8-2-48).**
Due to **prostaticotomy (8-2-48).**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **Enlarged prostate.**
Of operations **As above 137a**
Of autopsy **As above 137a**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (M.D. or other)
Signature **H. K. Alcorn**
Address **2300 Holmes, K.C.** Date signed **8-13-48**

Dr. Lee Hoffman
Prof. Bldg.
Rm 4022

Dr. Lee Hoffman
Prof. Bldg.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe B. Yoder
Licensed Embalmer No. 4173
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.