

ED AUG 6 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3046**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **R.C.Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 days**
(Specify whether years, months or days)

In this community **15 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Ray**

(c) City or town **Richmond**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route #3**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edna Harris**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **492-14-9102**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18** year **1943** hour **6:25 PM** minute _____ M.

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **not married**

6. (c) Age of husband or wife if alive **none** years

7. Birth date of deceased **12 19 1898**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 25** 19**43**, to **July 18**, 19**43**, that I last saw her alive on **16th July 43**, and that death occurred on the date and hour stated above

8. AGE: Years **44 45** Months **6** Days **29** If less than one day _____ hr. _____ min.

Immediate cause of death **Carcinoma of stomach** Duration _____

9. Birthplace **Richmond Mo O**
(City, town, or county) (State or foreign country)

Due to _____

Due to **468**

10. Usual occupation **Bank Clerk**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **Banking**

Major findings: **Carcinoma of stomach** PHYSICIAN _____

12. Name **Hannibal Harris**

Of operations **Carcinoma of stomach**

13. Birthplace **Richmond Virginia**
(City, town, or county) (State or foreign country)

Of autopsy **not done**

14. Maiden name **Jane Thompson**

15. Birthplace **Richmond Mo - O**
(City, town, or county) (State or foreign country)

16. (a) Informant **B. Brown**

(b) Address **Richmond, Mo**

17. (a) **Burial** (b) Date thereof **7-12-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richmond, Mo**

18. (a) Signature of funeral director **J. H. Brown**

(b) Address **Richmond, Mo**

19. (a) **7-11-43** (b) **Dep. B. O. Brown**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **not specified**

(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) (e) Means of injury _____

23. Signature **J. H. Brown** (M. D. or other) _____

Address **J. H. Brown** Date signed _____

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

MOTHER FATHER

JAN 23 1947

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.....

J. B. Brothers Registered Apprentice No.
working under my personal supervision.

Signed *Brothers Funeral Home*
J. B. Brothers

Licensed Embalmer No. *2021*

P.O. Address *Richmond, Md*

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.