

Registration District No. 400

Primary Registration District No. 655212

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co Home for aged  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs  
(Specify whether In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Jackson Co Home  
Little Blue Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULLNAME HARRISON EASLEY

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Sep 16 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>9</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Topeka, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

12. Name Don't know

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant county Home Records  
(b) Address Little Blue Mo

17. (a) Removal (b) Date thereof 5-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville Mo

18. (a) Signature of funeral director Flynn & Greenstreet  
(b) Address 1819 E. 15th KC Mo

19. (a) 5-21-41 (b) Dora S. Barnes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day May  
year 1941 hour 8:45 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1 - 1941 to May 20 - 1941; that I last saw him alive on May 20 - 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Paralytic

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) ✓

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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) (e) Means of injury ✓

23. Signature L. W. Booker (M. D. or other) D  
Address 2028 - Vine Date signed 5/20/41

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

48  
00

1911

1911

19

1911

**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

*Edw. J. Brown*

Licensed Embalmer No. *3836*

P. O. Address *1819 E. 5th St. N.W.*

**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.**