

FILED FEB 27 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 919 East 33rd Street, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community about 50 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48  
(c) City or town Kansas City, 3  
(If outside city or town limits, write "RURAL") P  
(d) Street No. 919 East 33rd Street,  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Harrison Clagett

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife William Shields Clagett 6. (c) Age of husband or wife if alive, X years  
7. Birth date of deceased February 23 1855 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 11 17 5 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Samuel Harrison, 13. Birthplace Missouri (City, town, or county) (State or foreign country) 14. Maiden name Mary Maddox 15. Birthplace Kentucky, (City, town, or county) (State or foreign country)

16. (a) Informant Ben Swofford, (b) Address Kansas City, Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 2-13-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure, (b) Address 3235 Gillham Plaza, K. C., Mo.  
19. (a) 2-12-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th year 1943 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 7, 1943 to Feb. 10, 1943; that I last saw him alive on Feb. 10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobar Pneumonia 3 day

Due to chronic myocarditis  
Due to cancer uterus

Other conditions. 478 (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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) (a) Means of injury  
23. Signature W. H. Harrison (M.D. or other) DO  
Address 406 Wirthman Bldg Date signed 2-17-43

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

Dr. Harned

*Witcham can / Blody  
any tumor*

**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.....

Licensed Embalmer No. *1415*

P. O. Address *F. O. V. M. S.*

**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.**