S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29725

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3786

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: General Hosp. No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo. 27 da. (Specify whether)
In this community 10 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 514 W. 8th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Harry Dillard
3. (b) If veteran, name war no
3. (c) Social Security No. unknown
4. Sex Male 2
5. Color or race Negro 1
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leatha
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Sept (Month) 1 (Day) 1900 (Year)

8. AGE: Years 48 Months 0 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Ark (City, town, or county) 1 (State or foreign country)
10. Usual occupation Labore
11. Industry or business
FATHER
12. Name unknown
13. Birthplace Ark (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Ark (City, town, or county) 1 (State or foreign country)
16. (a) Informant Leatha Dillard
(b) Address 1066 Wall St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem
18. (a) Signature of funeral director Graham Bros
(b) Address 2304 Vine St.
19. (a) 9-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6 year 1948 hour 7 a.m. minute a M.
21. I hereby certify that I attended the deceased from Coron, 19..., to ..., 19...; that I last saw h..... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of throat

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 45 f

Major findings:
Of operations
Of autopsy no History of Injection

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? (Specify type of place)
While at work? (e) Means of injury Cancer

23. Signature James C. Walker (M. D. or other)
Address 1441 [illegible] Date signed 9-11-48

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1949

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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address H. 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.