

FILED SEP 29 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 69 0037305

CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4951DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/689. 0
10a. 42
10b. 92
11. 1
12. 9
13. 7963
14. 8150
15. 4
16. 6. Not
17. 3
19. CREDITS
20.

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Harry Arthur Harger</u>			2. <u>Male</u>	3. <u>Sept 12, 1969</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MO. DAY	UNDER 1 YEAR NOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <u>White</u>		5a. <u>42</u>	5b. <u>10</u> <u>10</u>	5c. <u>10</u>	6. <u>Nov 2, 1926</u>	7a. <u>Jackson</u>
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Kansas City</u>			7d. <u>D. O. A. General Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Nebraska</u>		9. <u>U. S. A.</u>		10. <u>-</u>		11. <u>-</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <u>508-I8-62I7</u>		13a. <u>Clutch Rebuilder Unit</u>		13b. <u>Clutch Company.</u>		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <u>Kansas</u>	14b. <u>Wyandotte</u>	14c. <u>Kansas City</u>		14d. <u>Yes</u>	14e. <u>14 N. Boeke.</u>	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Harry Harger Sr.</u>			16. <u>Lillian Nelson</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Jack Duddrear</u>			17b. <u>14 N. Boeke, Kansas City, Kansas, 66102</u>			
PART I DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			(a) <u>Undetermined Apparently Natural DOR</u>			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			(b) DUE TO, OR AS A CONSEQUENCE OF:			
			(c)			
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
					19a. <u>No</u>	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.	20f.	20g.				
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE M. TO THE CAUSE(S) STATED.	
21a. DECEASED FROM	21b.	21c.	21d.	21e.	21f.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR	HOUR	
22a.			22b.	22c.	22d.	
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>William H. Bryan, MD. Coroner</u>			23b. <u>W. H. Bryan</u>	23c. <u>9-15-69</u>	23d. <u>7:30 P.M.</u>	
MAILING ADDRESS—CERTIFIER			CITY OR TOWN STATE		ZIP	
23a. <u>415 E 12th</u>			23b. <u>Kansas City Mo</u>		23c. <u>64106</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. <u>Burial</u>	24b. <u>Mt. Calvary</u>		24c. <u>Kansas City, Kansas.</u>			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE (MONTH, DAY, YEAR)			
24d. <u>9-15-69</u>	24b. <u>Harry Butler & Son Funeral Home, 22 S. 18th, Kansas City, Kansas</u>		24c. <u>9-15-69</u>			
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25b. <u>Harry Butler</u>			25c. <u>Ruth O. Best</u>		25d. <u>9-15-69</u>	

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Douglas Wickware

Licensed Embalmer No. 5387

P. O. Address Kansas City, Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Handwritten note: Noted 11/20/41