

No. 2  
5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34916

State File No. \_\_\_\_\_  
Registrar's No. 151

NOV 12 1943

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Rural - Prairie  
(c) Name of hospital or institution: Jackson Co Home for Aged & Infir  
(d) Length of stay: In hospital or institution 15 yrs  
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48  
(c) City or town Rural  
(d) Street No Jackson Co Home  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Fannie Harris

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W-

6. (b) Name of husband or wife Unknown Geo. B. Harris 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased Sept - 12 - 1863

8. AGE: Years 80 Months 0 Days 22

9. Birthplace Monticello Mo

10. Usual occupation Innkeeper of Co Home

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

MOTHER FATHER { 12. Name Wm Staples  
13. Birthplace unknown 9  
14. Maiden name Lizzy  
15. Birthplace unknown 9

16. (a) Informant Records J. C. Home R#4  
(b) Address Independence Mo

17. (a) Burial (b) Date thereof 10-19-43

(c) Place: burial or cremation Lee's Summit Mo

18. (a) Signature of funeral director M. B. Langford  
(b) Address Lee's Summit Mo

19. (a) Oct. 18 - 1943 (b) F. M. Schick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 10  
year 1943 hour 1 minute 00 a.m.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Oct 10 1943  
that I last saw her alive on Oct 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus

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

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

Other conditions: \_\_\_\_\_

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature J. W. Green (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 10/14/43

Duration  
Underline the cause to which death should be charged statistically.

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

18  
00  
00

1162

(Licensed Embalmer's Statement on Reverse Side)

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**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

*N. B. Longford*

Licensed Embalmer No.

*3833*

P. O. Address

*Lee's Summit*

**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.**