

FILED MAR 8 1944

Registration District No. _____

Primary Registration District No. 3052

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
213 W. Morgan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 60
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 213 W. Morgan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Lillie Harris

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

4. Sex F 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
7. Birth date of deceased 3 16 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 6 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Philip Patterson

13. Birthplace Mississippi (City, town, or county) (State or foreign country)

14. Maiden name Mildred Drake

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

16. (a) Informant L. V. L. Pearson

(b) Address 1705 Lydia Kansas City Mo

17. (a) Burial (b) Date thereof 2-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill - Sedalia

18. (a) Signature of funeral director J. Joyce Alexander

(b) Address Sedalia Mo

19. (a) 2-26-44 (b) Mrs. Anna Singer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1944 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from Feb 21 1944 to Feb 28 1944 that I last saw her alive on Feb 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to thrombosis of brain

Due to _____

Other conditions 83a!
(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) (e) Means of injury 0

23. Signature [Signature] (M. D. or _____)

Address Sedalia Mo Date signed 2-26-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10
6
4

RECEIVED

Sanitary Health Officer No. 8,

District File Number

Date Filed

3-2-44

OCT 14 1944

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

J. Pryce Alexander

Licensed Embalmer No. *4245*

P. O. Address *Scottdale, 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.