

FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. 36768
Registrar's No. 342

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County **Callaway**
(b) City or town **Fulton**
(c) Name of hospital or institution: **Callaway County Hospital**
(d) Length of stay: **9 Days**
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Callaway**
(c) City or town **Fulton**
(d) Street No. **610 Market**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **GRACE LEE HARRIS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **489-09-8319**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb 22 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **8** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Fulton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Bookkeeper, Montgomery Bell**

MOTHER FATHER

12. Name **John Harris**

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

14. Maiden name **Bath**

15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Rhoda Harris**

(b) Address **610 Market St. Fulton, Mo**

17. (a) **Burial** (b) Date thereof **11-3-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest Cem.**

18. (a) Signature of funeral director **Fulton, Mo.**

19. (a) **11-3-1945** (b) **J. J. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1st** year **1945** hour **3** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **9/18/45** to **11/1 1945**

that I last saw her alive on **11/1 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Pericardial cell carcinoma of left breast with generalized metastases**

Due to _____

Due to _____

Other conditions **50**
(Include pregnancy within 3 months of death)

Major findings: **Pericardial cell carcinoma involving skin**

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. J. Brown** (M. D. or other) **M.D.**
Address **Fulton, Mo.** Date signed **11/2/45**

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

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-45

APR 11 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 Wenzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.