

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29589

State File No.

19
10

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

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mt. Pleasant Twnshp D</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital (D)</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. South Belton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>		b. (Middle) <u>L.</u>		c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 15, 1880</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Days		IF UNDER 15 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Smith Co., Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abner Zachry</u>			13b. MOTHER'S MAIDEN NAME <u>Amelia Nunn</u>			14. NAME OF HUSBAND OR WIFE <u>Walter A. Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Reed Harris, Belton, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p align="center"><u>CARCINOMA BRONCHIOGENIC</u> <u>LEFT LUNG.</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>NO</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓ ✓ ✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 6, 1949</u> to <u>Sept. 12, 1949</u> , that I last saw the deceased alive on <u>Sept. 12, 1949</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Harrisonville, Missouri</u>		23c. DATE SIGNED <u>Sept 13, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belton</u>		24d. LOCATION (City, town, or county) (State) <u>Belton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 14, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. T. Seeger</u>		ADDRESS <u>Belton, Mo.</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
Student Embalmer

Signed G. K. Group.....

Licensed Embalmer No. 3645.....

P. O. Address Grandview 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.