

FILED JUN 8 1951

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>213</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1445 Grand St.</u>				d. STREET ADDRESS (If rural, give location) <u>1445 Grand St. 0164</u>			
3. NAME OF DECEASED a. (First) <u>ROBERT</u>			b. (Middle) <u>WASHINGTON</u>		c. (Last) <u>HARRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3 1895</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>19</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Bollinger Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Not known</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u></u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give rank or grade) (If yes, give unit or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>49-03-9924</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edwards</u> ADDRESS <u>Cape Girardeau</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis general</u> DUE TO (c) <u>Hypertensive Cardiovascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>10 year</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 15, 1951</u> , to <u>May 17, 1951</u> , that I last saw the deceased alive on <u>May 17, 1951</u> , and that death occurred at <u>3:55 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward D. Campbell M.D.</u>				23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>NOV 15 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 18 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-4-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond S. Morgan</u> ADDRESS <u>Quincy, Mo.</u>			

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

2164  
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RECEIVED

JUN 7 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

*William H. Morgan*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*William H. Morgan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Adelphi, Md.*

Notes: 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.