

FILED NOV 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. **40349**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **203**

1. PLACE OF DEATH a. COUNTY <b>Saline</b> <b>0972</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b> <b>0972</b>	
c. LENGTH OF STAY (in this place) <b>12yr.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>325 N.Sargent</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION <b>325 N.Sargent</b>	

3. NAME OF DECEASED (Type or Print) <b>Cecil-Annie - Harris</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 11, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June (9, 1904)</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House keeping</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <b>0</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Robert Woods</b>		13b. MOTHER'S MAIDEN NAME <b>Georgia Cheeks</b>	
14. NAME OF HUSBAND OR WIFE <b>Perry Harris</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Perry Harris</b>		ADDRESS <b>Marshall, Mo.</b>			

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Don't Know</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gen. Metastases of Disease</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>170x</b>		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 **Jan. 23, 1950**, to **Nov. 11<sup>th</sup>, 1951**, that I last saw the deceased alive on **11-11, 1951**, and that death occurred at **9:24 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Waite H. Madison, M.D.</b>		23b. ADDRESS <b>Marshall, Missouri</b>		23c. DATE SIGNED <b>11-14-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/14/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Green &amp; Sons</b>		ADDRESS <b>Marshall, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov. 14-1951</b>		REGISTRAR'S SIGNATURE <b>Widney F. Gray</b> <b>385</b>			

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

RECEIVED NOV 19 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 19 1951

**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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall 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.