

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40348**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **5072** Registrar's No. **210**

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b> <b>0972</b>	
c. LENGTH OF STAY (in this place) <b>9 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>404 N. Conway</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b>	b. (Middle)	c. (Last) <b>Gorham</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May 3, 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>.....</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri, Saline County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John Slaughter</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Fowler</b>	14. NAME OF HUSBAND OR WIFE <b>Willie Vincent</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>none</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Willie Vincent</b>	ADDRESS <b>Kansas City, Kansas</b>
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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>Suicide by hanging</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>In Eastern back of house.</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E975X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>In Eastern back of house</b>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>Marshall Saline Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended an investigation **made an investigation Nov. 25, 1951**, 19\_\_\_, that I last saw the deceased alive on \_\_\_\_, 19\_\_\_, and that death occurred at **1 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. L. Lawless, Coroner Saline Co</b>	23b. ADDRESS <b>Marshall, Mo</b>	23c. DATE SIGNED <b>11-24-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/26/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lock Creek</b>	24d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 25-1951</b>	REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b> <b>385</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Green &amp; Son</b>	ADDRESS <b>Marshall, Mo. Geo. H. Green</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 3

DISTRICT HEALTH OFFICE No. 3 1951

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

Date Filed DEC 3 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, Miss

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.