

JAN 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

45666
Do not use this space.

1. PLACE OF DEATH

4 (a) County Jasper Registration District No. 411
7 (b) Township Primary Registration District No. 2002
5 (c) City Joplin (d) Street No. 29th + Murphy Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 29th + Murphy St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie May Harper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1869
7. AGE YEARS 68 MONTHS 0 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Mo

FATHER 13. NAME James L. Harper 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 31

MOTHER 15. MAIDEN NAME Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs E. Cloney 29th + Murphy

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 12-9-37

19. FUNERAL DIRECTOR (ADDRESS) Purebred Seed Co Joplin Mo

20. FILED 12-8-37 Ed D. Jussars Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-37
I HEREBY CERTIFY, That I attended deceased from 12-7-37, 1937, to 12-9-37, 1937
I last saw him alive Dec 7, 1937. Death is said to have occurred on the date stated above, at 4 a.m. 12/9/37
The principal cause of death and related causes of importance were as follows:
Heart Attack
Date of onset

Other contributory causes of importance: a.s.a.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. W. Winchester, Coroner, M. D.
(Address) Joplin, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Steve Parker

Licensed Embalmer No.

2548

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.)