

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26747  
Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH 3

(a) County Dernon Registration District No. 875

(b) Township Washington Primary Registration District No. 6197 Registered No. 179

(c) City Meranda (d) Street No. State Hospital #3 St. 3

(e) Length of residence in city or town where death occurred 60 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jamie Harper 616

(a) Residence, No. 405 W. Allison, Meranda, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>83</u>	<u>9</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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) Henry County, Mo.

FATHER	13. NAME <u>John Jones</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
MOTHER	15. MAIDEN NAME <u>Margaret Jones</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

17. INFORMANT (ADDRESS) Records of Hospital #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Wepkwood DATE 7/17

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Buchinger Funeral Home, Meranda, Mo.

20. FILED 7/18 1938 Accident Dept Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938

22. I HEREBY CERTIFY That I attended deceased from June 13, 1937, to July 15, 1938

I last saw her alive on July 14, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute myocardial failure 7-15-38

Other contributory causes of importance: Senility 1935

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury ..... 19.....  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury .....

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

(Signed) a. Miller M. D.  
795 (Address) State Hospital #3  
Meranda, Mo.

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.

**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, \_\_\_\_\_

*Mark Eichinger*, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Mark Eichinger*

Licensed Embalmer No. *2656*

P. O. Address *Neuada, 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, above space should be left blank.**