REC'D FEB 21 1939

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

1916
Do not use this space.

17

1. PLACE OF DEATH
(a) County Carroll — Registration District No. 135
(b) Township Trotter — Primary Registration District No. 5192 — Registered No. 4
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Jewell Simpson Harper
(a) Residence, No. 616 ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edw. Ray Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 1896

7. AGE: Years 42 — Months 2 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Trotter Twp Carroll Co. Mo

FATHER
13. NAME Elmer Simpson
14. BIRTHPLACE (~~CITY OR TOWN~~) (STATE OR COUNTRY) Carroll Co. Mo

MOTHER
15. MAIDEN NAME Lucy Sherwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Elmer Simpson Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beaty Cem DATE Jan 12, 1939

19. FUNERAL DIRECTOR (NAME) Stanley
(ADDRESS) Carrollton Mo

20. FILED 1-12, 1939 Ruth Tasker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1-39, 19..., to 1-10, 1939
I last saw h. alive on 1-10, 1939 Death is said to have occurred on the date stated above, at 9:05 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Cardiovalvular Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) A. B. Brown, M. D.
(Address) Carrollton 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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 7/8/39
Date Filed

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, Ben W Gibson, or by

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

Signed Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.