REC'D APR 19 1939

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

11477
Do not use this space.

1. PLACE OF DEATH
(a) County McDonald 2 Registration District No. 414
(b) Township McMillen 1 Primary Registration District No. 5-6 94 Registered No.
(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 616 Chas F. Harper
(a) Residence, No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Cena Brooks
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-11-1871
7. AGE: YEARS 68 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): West Virginia

FATHER
13. NAME: Eli Harper 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 9

MOTHER
15. MAIDEN NAME: Delila Wood 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Fred Rinehart Seneca Mo. R. 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Baptist Cemetery DATE 3-20 1939
19. FUNERAL DIRECTOR (ADDRESS): Bill Buzzard Seneca Mo.
20. FILED 4-4 1939 Mrs Lee Harper Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Mar 18 1939
Last saw him alive on Mar 11 1939. Death is said to have occurred on the date stated above, at 11-50 a.m.
The principal cause of death and related causes of importance were as follows:
Flu
11 b
Date of onset

Other contributory causes of importance:
Hypertension - arteriosclerosis
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) T. B. Duemler, M. D.
(Address) Seneca Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

RECEIVED
District Health Officer No. 6,
District File Number 6-39-1267
Date Filed APR 4 1939

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**STATEMENT BY LICENSED EMBALMER**

I, B.W.T. Buzzard, Licensed Embalmer No. 2334

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed B.W.T. Buzzard

Licensed Embalmer No. 2334

**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.)**