

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

12684
Do not use this space.

1. **PLACE OF DEATH** RECEIVED APR 21 1939

(a) County Washington Registration District No. 887
 (b) Township Liberty Primary Registration District No. 6181
 (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** John W Harper

(a) Residence, No. _____ 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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 9 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Washington Mo

13. NAME Maak Harper 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

15. MAIDEN NAME Estelle Harvian
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford Mo

17. INFORMANT (ADDRESS) Mattie Harper

18. BURIAL, CREMATION, OR REMOVAL PLACE Gate Chapel DATE Mar 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks
Patton

20. FILED Mar 1 1939 G. F. Cresswell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1939, to Mar 5 1939
 I last saw him alive on Mar 3 1939 Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy -
g.i.v.
 Other contributory causes of importance:
Arterio-sclerosis -

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) Joseph L. Thurman M. D.
 (Address) Patton, Mo.

WHITE 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.

I X10605

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.