

139 MAY 18 1939

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

14776

Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 289
(b) Township Cotton Hill Primary Registration District No. 3407
(c) City _____ (d) Street No. _____
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 13

2. PRINT FULL NAME

(a) Residence, No. _____ St. 6
(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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) <u>C. B. Harper</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 16-1864</u> | | |
| 7. AGE YEARS <u>74</u> | MONTHS <u>5</u> | DAYS <u>4</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farming</u> | |
| | 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) <u>7-1-1839</u> | |
| 11. Total time (years) spent in this occupation <u>Life</u> | | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hard Co Ind</u> | |
| | 13. NAME <u>R. M. Harper</u> | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hard Co Ind</u> | |
| | 15. MAIDEN NAME <u>Eliza Horn</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u> | | |
| 17. INFORMANT (ADDRESS) <u>Mrs A. M. Harper</u> <u>Malden</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bernie Mo.</u> DATE <u>4-21</u> 19 <u>39</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Craig</u> <u>Malden Mo</u> | | |
| 20. FILED <u>4-21</u> 19 <u>39</u> <u>S. G. Mitchell</u> Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 199

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:15 p. m.

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

By being struck with a car driven by George M. C. Blundon

Other contributory causes of importance:
walking across Highway
studied of coroner

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 Accident Date of injury 4-20 1939
Where did injury occur? Highway # 25-22m north of Malden Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck by Automobile
Nature of injury Fractures

24. Was disease or injury in any way related to occupation of deceased? Y
If so, specify _____
(Signed) George H. Hymon, M.D.
(Address) Coroner Dunklin Co
74 South 1st St

RECEIVED
District Health Officer No. 3,
District File Number 39-380
Date Filed 5-12-39

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 Van H. Craig
Licensed Embalmer No. 12850

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.