

1939 AUG 11 10 57 AM

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

25986
Do not use this space.

1. PLACE OF DEATH

(a) County Wappler Registration District No. 408
(b) Township Union Primary Registration District No. 556.5 Registered No. 133
(c) City Carthage (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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

6'11" Nancy Bonnie Harp
(a) Residence, No. Route 3 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Harp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1901
7. AGE YEARS 37 MONTHS 7 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Joplin Missouri

FATHER 13. NAME William Bristow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Co. Missouri

MOTHER 15. MAIDEN NAME Eva Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Vernon Missouri

17. INFORMANT (ADDRESS) Ray Harp Route 3 - Carthage, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction DATE July 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary Carthage, Mo

20. FILED July 14, 1939 E. J. McEntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7/11/39, 1939 to 7/11/39, 1939. I last saw him alive on 7/11, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset 1937(?)
Other contributory causes of importance: FF

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? no
If so, specify _____
(Signed) W. J. McEntire, M.D.
865 (Address) 304 Grant, Carthage, Mo

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.

49

I X15863

RECEIVED

District Health Officer No. 6,

District File Number 839-1608

Date Filed AUG 9 1939

APR 19 1957

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..... *Emm R. Kneel*

Licensed Embalmer No. 391

P. O. Address..... *Carthage*

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.