

REC'D SEP 20 1939

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

28777

Do not use this space.

1. PLACE OF DEATH

(a) County, Cape Girardeau Registration District No. 121
(b) Township, II Primary Registration District No. 3009 Registered No. 269
(c) Cape Girardeau (d) Street No. 1038 North Middle 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 Arthur C. Harper

(a) Residence, No. 1038 North Middle 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 5 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Brakeman
9. Industry or business in which work was done, as saw mill, bank, etc. for The Frisco
10. Date deceased last worked at this occupation (month and year) Railroad (Specify time (years) spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Francisco, Indiana

FATHER 13. NAME James A. Harper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkson County, Indiana

MOTHER 15. MAIDEN NAME Amanda Westtalf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkson County, Indiana

17. INFORMANT (ADDRESS) Mrs. Della Harper, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug. 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman, Cape Girardeau, Mo.

20. FILED 8-3-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 3, 1939
I last saw him alive on Aug 1, 1939. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Parasit 1939

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

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 George G. Oberlin, M. D.
(Signed) Cape Girardeau, Mo.
(Address) Cape Girardeau, 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.

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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.....

L. L. Haman

Licensed Embalmer No.....

2863

P. O. Address.....

Cape Girardeau

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.