

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEC 11 1939 38448

State File No.

Registrar's No. 4212

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(c) Name of hospital or institution: no.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 27 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Chas. G. Harper

3. (b) If veteran,

name war. no.

3. (c) Social Security

No. 486-03-0555

4. Sex

male

5. Color or race wh.

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife

Iola Harper

6. (c) Age of husband or wife if

alive 55 years

7. Birth date of deceased

April 21 1886
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| 53 | 6 | 10 | hr. min. |

9. Birthplace

Sweden - Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Carpenter

11. Industry or business

12. Name

John. Harper

13. Birthplace

Pa.
(City, town, or county) (State or foreign country)

14. Maiden name

Christina Hutzinger

15. Birthplace

Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Iola Harper

(b) Address

4210 E. 55

17. (a)

Funeral

(b) Date thereof

Nov 5-39
(Month) (Day) (Year)

(c) Place: burial or cremation

Smithson Mo

18. (a) Signature of funeral director

W. M. Crowe

(b) Address

78 E. 55

19. (a)

Nov 3 1939
(Date received local registrar)

(b)

W. M. Crowe
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4210 E. 55
(If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1939 hour minute 39 M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive myocardial

Due to Chronic Coronary Hypertrophy

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature

Russell

(M. D. or other)

Address

Date signed

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.