

FILED APR 22 1940

Registration District No. _____

Primary Registration District No. 5440

Registrar's No. RIF 249

39
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. GREENE S. Carroll
(b) City or town. Springfield
(c) Name of hospital or institution: Ozark Osteopathic Hospital
(d) Length of stay: In hospital or institution 7
In this community 6 1/2 years, months or days

3. (a) PRINT FULL NAME: LAURAJANE HARPER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: WIDOW
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: November 26 1894
(Month) (Day) (Year)

8. AGE: Years 65, Months 3, Days 12
If less than one day _____ hr. _____ min.

9. Birthplace: Iowa A
(City, town, or county) (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name: George W. Kee
13. Birthplace: Iowa A

14. Maiden name: Florence Jones
15. Birthplace: Iowa A

16. Birthplace: Iowa A
(City, town, or county) (State or foreign country)

18. (a) Informant: EARL A HARPER
(b) Address: 246 E. 3rd St. Loveland Colo.

17. (a) REMOVAL (b) Date thereof: 3/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: LOVELAND, COLORADO

18. (e) Signature of funeral director: H.H. LOHMEYER
(b) Address: SPRINGFIELD, MISSOURI

19. (a) 3/11/40 (b) Chas. H. George
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Colorado (b) County _____
(c) City or town: Loveland
(d) Street No.: 346 E. 3rd St.
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1940 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from February 29 1940 to March 8 1940
that I last saw him alive on March 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: 1st
Due to: General Peritonitis
Due to: Ruptured appendix
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Removal of appendix
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: William G. [Signature]
Address _____ Date signed _____

Duration
Physician
Underline the cause to which death should be charged statistically.

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. Edwin Gorman

Licensed Embalmer No. *3177*

P. O. Address *Hammond, Mo*

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.

X