

FILED JUL 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Charlie Harper 616

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 14 th 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Mineola Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name William Harper

13. Birthplace Un known

14. Maiden name Mary Ann Wilson

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Willis

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 6/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) June 18-40 (b) Bull Kneafec
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery

(c) City or town Montgomery
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month X June day 17
year 1940 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 1939
_____, 19____, to June 17, 1940;

that I last saw him alive on June 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration 1 day

Due to arteriosclerotic nephritis 3 yrs.

Due to trauma 25 yrs.

Other conditions _____ 34

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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? 522

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James O. Nelson (M. D. or other) _____

Address New Florence Mo Date signed 6/19/40

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

350

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 _____ on the
17th day of June 1940 _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.