

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32650

Registration District No. 103

Primary Registration District No. 4757

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Morehouse
 (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 _____
 years, months or days

3. (a) PRINT FULL NAME Frederick Otis Harp

3. (b) If veteran, name war None
 3. (c) Social Security No. 492-10-1609

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

6. (b) Name of husband or wife Beatrice Harp
 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb. 22 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 20 _____ hr. _____ min.

9. Birthplace Mount Vernon Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer11. Industry or business Sawmill12. Name Albert Harp

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Susan Bowers

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Gladys Marcus(b) Address Morehouse, Mo.

17. (a) Burial (b) Date thereof 9-15-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove - Charleston, Mo.18. (a) Signature of funeral director [Signature](b) Address Sikeston, Mo.

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Morehouse
 (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 Sept. day 12
 year 1940 hour 6 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 1940 to _____, 1940
 that I last saw him alive on Sept. 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Orbital hemorrhage
 Duration 10 days

Due to _____
 Due to Stroke

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

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? _____

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

23. Signature A. M. Jarvis (M. D. or other) im A.

Address Morehouse, Mo. Date signed 9-14-40

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

RECEIVED

District Health Officer No. 2

District File Number 1040-15

Date Filed 10/19/40

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

Samuel J. Johnson

Licensed Embalmer No.

3704

P. O. Address

Sebaston, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. **32650**

Registration District No. **603**

Primary Registration District No. **4387**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Morehouse**
(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 _____ (Specify whether
years, months or yrs)

3. (a) PRINT FULL NAME **Frederick Otis Harp**

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

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

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **Dec 8, 19** (b) **Mrs John Parrish** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH Month **Sept** day **12** year **1950** hour _____ minute _____ 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 _____

Due to _____

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?

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

23. Signature **M. Sarna** (M. D. or other)

Address **Morehouse** (Registered)

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

SUPPLEMENTAL ONLY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

