

Registration District No. 793

FILED DEC 11 1940

Primary Registration District No. 4474

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Blackburn  
(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 25 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

3. (a) PRINT FULL NAME HARRIETT HARPER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15<sup>th</sup> year 1940 hour 11:15 minute P M.

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

6. (b) Name of husband or wife Joseph Harper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 23<sup>rd</sup> 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1925, to Nov 15 - 1940, that I last saw h. alive on Nov 14 - 1940, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death: Myocarditis

Due to Chronic Rheumatism

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

Duration
<u>6 months</u>
<u>14 years</u>
_____
_____

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Jacob Lewis

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

14. Maiden name Unknown

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

16. (a) Informant Ethel Faulkner

(b) Address Blackburn Mo

17. (a) Burial (b) Date thereof Nov 18-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saet Pond Cem. Saline Co

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo

19. (a) Nov. 18-1940 (b) Mattie Weidner  
(Date received local registrar) (Registrar's signature)

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? Open

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature L.S. James, M.D. (M. D. or other) 1

Address Blackburn, Mo Date signed 11/17-40

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

97

Date Filed \_\_\_\_\_  
License File Number 13-40-40  
District Health Officer No. 8  
**RECEIVED**

**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 \_\_\_\_\_

*Felix Renz*

Licensed Embalmer No. \_\_\_\_\_

H 1227

P. O. Address \_\_\_\_\_

Marshall, W.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**