

FEB 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2277

Registration District No. 204

Primary Registration District No. 303

Registrar's No. 2

1. PLACE OF DEATH: Clinton
 (a) County Clinton
 (b) City or town Cameron
 (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 ✓
 In this community 90 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clinton
 (c) City or town Cameron
 (If outside city or town limits, write "RURAL")
 (d) Street No. 208 N. Cherry St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ELIZA SAMANTHA HARPER
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 16
 year 1941 hour 3 minute AM.
 21. I hereby certify that I attended the deceased from Jan 3
1941 to Jan 10, 1941
 that I last saw her alive on Jan 10, 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife David K Harper 6. (c) Age of husband or wife if alive 14 years (Day) (Year)
 7. Birth date of deceased: March (Month) 1850 (Day) (Year)

Immediate cause of death Senility
chronic myocarditis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) None
 Major findings: Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>10</u>	<u>2</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name David O'Donnell
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Frederick
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daisy Bowen
 (b) Address Cameron Mo

17. (a) Burial (b) Date thereof 1-19-1941
 (Burial, cremation, or entombment) (Month) (Day) (Year)
 (c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director Lyle C. Allen
 (b) Address Cameron Mo

19. (a) Jan 16 1941 (b) [Signature]
 (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?
Yes (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) [Signature]
 Address Cameron Mo Date signed Jan 16 1941

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

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

5

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

Lyle C. Allen

Licensed Embalmer No. *824*

P. O. Address *Cameron Mo*

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, fact should be so stated above.