

Registration District No. 372

Primary Registration District No. 5513

Registrar's No. 1862

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Rural
(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 George W. Harper

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Harper 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October 15th 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Simcon Harper
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Waternsburg
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Harper
(b) Address Crain Mo

17. (a) BURIAL (b) Date thereof 1-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1007 Cemetery, Crain Mo

18. (a) Signature of funeral director W. Crawford
(b) Address Mount Airy Mo

19. (a) Jan 22 41 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
(c) City or town Rural
(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 Jan day 21st
year 1941 hour 2 am minute _____ M.

21. I hereby certify that I attended the deceased from November 1938 to Jan 20, 1941;
that I last saw him alive on _____, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 9 yrs

Due to _____

Due to _____
Other conditions Prostatic Atheroma 2 yrs
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN _____
Of operations None
Of autopsy None
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?
3 _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
28. Signature W. Crawford (M. D. or _____)
Address Crain Mo Date signed 1/22/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

J. H. Crawford

Licensed Embalmer No. *18241*

P. O. Address *Mound 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.