

1941
MAY 9 1941

STANDARD CERTIFICATE OF DEATH

14197

State File No.

Registration District No. 135

Primary Registration District No. 5192

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural, Trotter Twp.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Trotter Twp.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1941 hour 1:00 AM M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Fracture of neck,
Body was found at 9:30 A.M.

Due to Choked lidd until 10:00 A.M.

Other conditions
(Include pregnancy within 3 months of death) 164 W

Major findings:
Of operations
Of autopsy

Duration

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) suicide
(b) Date of occurrence April 18, 1941
(c) Where did injury occur? Carroll Co., Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
130 - On farm (Specify type of place)
3 - Hanging (e) Means of injury

23. Signature D. E. Smith, D.A. Coroner
Address Iron, Mo. Date signed 4/19/41

3. (a) PRINT FULL NAME James Rector Harper
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or Face W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Gentry 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 9 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name James Harper
13. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Davis
15. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rector Harper
(b) Address Carroll Co. Mo.
17. (a) Burial (b) Date thereof 4-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Trotter Cem.

18. (a) Signature of funeral director J. Stanley
(b) Address Carroll Co. Mo.
19. (a) 4-21-41 (b) J. Stanley
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-6-41

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..... *Ben W Gibson*
Licensed Embalmer No. *2961*
P. O. Address. *Carrollton, Va*

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.