

FILED OCT 21 1941

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 46

Registration District No. 295

Primary Registration District No. 479

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town SULLIVAN *Dixon*

(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 15 Years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin *86*

(c) City or town Sullivan *4*  
(If outside city or town limits, write "RURAL") *0*

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years. *0*

3. (a) PRINT FULL NAME MARY LOUISA HARPER

(b) If veteran, name war No.

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1941 hour 10:55 minute \_\_\_\_\_ P.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 9, 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1941  
\_\_\_\_\_, 19\_\_\_\_, to Oct. 5, 1941  
that I last saw her alive on Oct. 3, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
88 10 27 hr. \_\_\_\_\_ min.

Immediate cause of death  
Myocarditis  
Senility.

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

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

Other conditions  
(Include pregnancy within 3 months of death) 932

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Harper

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

14. Maiden name Unknown

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

Major findings:  
Of operations None

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank C. Harper

(b) Address Cape Girardeau, Missouri.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial & Removal Date thereof Oct. 8, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Missouri.

(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? \_\_\_\_\_

18. (a) Signature of funeral director Wm. P. Stoffer  
Sullivan, Missouri.

(b) Address \_\_\_\_\_

19. (a) 10-7-41 (b) CA Director  
(Date received local registrar) (Registrar's signature)

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

23. Signature W. P. Stoffer (M. Director)  
Address Sullivan, Mo. Date signed 10/6/41

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

2  
4  
0

OCT 20 1944

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**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.....

*Edgar W. Liffoon*

Licensed Embalmer No. *3394*

P. O. Address *Sullivan, 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.**