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

1. PLACE OF DEATH: Cass
 (a) County Cass
 (b) City or town Rural Grand River
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one month (Specify whether)
 In this community one month years, months or days

3. (a) PRINT FULL NAME William Henry 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, widowed
 6. (b) Name of husband or wife Yettie Schraw Harper 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 2 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 1 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name James Harper
 13. Birthplace Walnut Ill. (City, town, or county) (State or foreign country)
 14. Maiden name Matilde Grede
 15. Birthplace Carlyle Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Harper

(b) Address regular MO.

17. (a) burial (b) Date thereof 3/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation Wills Cemetery

18. (a) Signature of funeral director W. Brownfield

(b) Address Pleasant Hill Mo.

19. (a) March 11, 1942 (b) Margaret Valle (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Cass
 (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 March day 4th
 year 1942 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from January 11, 1942
January 25, 1942 to January 25, 1942
 that I last saw him alive on January 25, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Mycocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a
 Of operations _____
 Of autopsy _____

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?
 _____ (Specify type of place)

While at work? _____ (e) Means of injury 21

23. Signature Master V. Robbins (M. D. or other)
 Address Peculiar, MO Date signed 3/8/42

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

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.....

By me March 4 1942, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Allen Sweetfield

Licensed Embalmer No.....

3785

P. O. Address.....

Pleasant Hill 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.