

FILED MAY 14 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1818

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days) 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5600 E. 28th St.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME DONALD LEE HARPER
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7
year 1942 hour minute M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Dec. 15, 1938
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 20 1942 to May 7 1942
that I last saw him alive on May 7 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	3	4	22	hr. min.

Immediate cause of death: acute Endocarditis (Rheumatic) 21 day

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

Due to 58B
Due to
Other conditions none
(Include pregnancy within 3 months of death)

10. Usual occupation. None

11. Industry or business.

PHYSICIAN
Major findings: Of operations
Of autopsy Yes
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Donald Earl Harper
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Wilma Harryman
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Donald Harper
(b) Address 5600 E. 28th St.

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?

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 5/9/42
(Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

23. Signature Charles Nelson (M. D. or other)
Address 7626 Dupuy Ave Date signed 5-8-42

19. (a) 5-8-42 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

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

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 AD Blackman
Licensed Embalmer No. 3639
P. O. Address R. C. 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.