

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10132

State File No. ....

5-17-39  
1 X32873

FILED MAR 17 1943

Registration District No. ....

Primary Registration District No. 5414

Registrar's No. 16

1. PLACE OF DEATH:

(a) County... Douglas  
(b) City or town... Ava Washington  
(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... Missouri (b) County... Douglas  
(c) City or town... Ava Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No... Route 3,  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mary E. Harper

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W. T. Harper 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased May 6 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 8 26 ..hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name R. A. Wheeler  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Carter  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant W. T. Harper  
(b) Address Ava Mo. Route 3.  
17. (a) Burial (b) Date thereof 2-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Friends  
(b) Address.....

19. (a) 3-4-43 (b) Shelma S. Waters  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2  
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 2 only 1943 to Feb 2 1943  
that I last saw her alive on Feb 2 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death No physician

Duration

Due to.....  
Due to.....

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

Major findings:  
Of operations 132  
Of autopsy.....

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).....  
(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?.....

While at work?..... (Specify type of place)  
(c) Means of injury.....  
23. Signature J. L. Gentry (M. D. or other)  
Address Ava Mo Date signed 2-11-43

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

RECEIVED

District Health Officer No. 6;

District File Number 343-420

Date Filed MAR 16 1943

Request for body to not be embalmed

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 *W.B. Hutchinson*

Licensed Embalmer No. 3481

P. O. Address *Ora md*

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.