

Registration District No. **12986**

Primary Registration District No. **5978**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town RURAL Yankton Mo
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Polk
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. 1 mile West of Humansville, Mo.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country U

3. (a) PRINT FULL NAME DAVID ABNER HARPER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18
 year 1943 hour 5 minute 10 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARTHA
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased MARCH 19 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mch 8 1943 to Mch 18 1943
 that I last saw him alive on Mch 17 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 11 29 hr. _____ min.

Immediate cause of death:
Cerebral Thrombosis 10 day
 Due to _____
 Due to _____

9. Birthplace Cedar Co. Mo. 1
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
g3d

10. Usual occupation FARMER

MOTHER FATHER
 11. Industry or business None
 12. Name MONROE F. HARPER
 13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
 14. Maiden name SARAH FARMER
 15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

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

16. (a) Informant Travis C Harper
 (b) Address Humansville, Mo.
 17. (a) BURIAL (b) Date thereof MAR 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Humansville Cemetery

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)
 (e) Means of injury _____

18. (a) Signature of funeral director E. H. ...
 (b) Address Humansville, Mo.
 19. (a) Mar 19 43 (b) Ore M. Rich
(Date received local registrar) (Registrar's signature)

23. Signature Reesor C Nevens (M. D. or other M.D.)
 Address Humansville, Mo. Date signed 2-19-43

1188

RECEIVED

District Health Officer No. 7
District File Number 3-43-20
Date Filed 4-6-43

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....., Registered Apprentice No.....
working under my personal supervision.

Signed E. H. Rimm.....

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.