

S. No. 2
1-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13611

State File No.

FILED MAY 15 1943

Registration District No. 20

Primary Registration District No. 4031

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(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 Sixty years (Specify whether years, months or days)
In this community Sixty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Mary Harper

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H.N. Harper
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Mar 11 1879
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 3
If less than one day hr. min.

9. Birthplace Judy Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Scudder

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

14. Maiden name Susan Quinwads

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

16. (a) Informant Lora V. Muehlman

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 4-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem

18. (a) Signature of funeral director Creath + Sif

(b) Address Adrian Mo.

19. (a) 4-14-43 (b) blaudel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1943 hour 8 minute 45 A. M.
21. I hereby certify that I attended the deceased from April 1
1943 to April 11, 1943
that I last saw her alive on April 11, 1943
and that death occurred on the day and hour stated above.

Immediate cause of death Carcinoma

Due to Carcinoma of uterus with metastases

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. E. Robinson (M. D. or other)
Address Adrian, Mo. Date signed 4-14-43

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

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

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RECEIVED

District Health Officer No. 71

District File Number 4-43-460

Dist. File 5-14-43

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 and

Fred J. Leath # 3343, Registered Apprentice No. _____

working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.