

No. 2  
11-10-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24719

FILED AUG 10 1943

State File No. \_\_\_\_\_

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 66

1. PLACE OF DEATH

(a) County Clay  
(b) City or town Smithville mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Smithville Community Hosp't.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
(c) City or town Weston  
(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.? No years.

3. (a) PRINT FULL NAME John Harpst

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Katherine Ode 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March 29 1881  
(Month) (Day) (Year)

8. AGE: 62 Years 4 Months 2 Days If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Storekeeper

11. Industry or business Liquor Store

12. Name Fred Harpst

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

14. Maiden name Luise Mauch

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

16. (a) Informant Mrs. Kathryn Harpst  
(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Aug. 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City, Missouri

18. (a) Signature of funeral director W. R. Vaughn  
(b) Address Weston, Missouri

19. (a) Aug 2 - 43 (b) Ruth N. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1943 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 25  
1943 to \_\_\_\_\_ 1943;

that I last saw him alive on July 31, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial Nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 12/12  
(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 R. B. Holts (M. D. or other) MD  
Address Smithville, Mo Date signed 8-1-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-9-43

JUN 16 1945

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. P. Vaughn

Licensed Embalmer No.

4823

P. O. Address

Weston, 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, above space should be left blank.