

1. PLACE OF DEATH:
 (a) County Bollinger
 (b) City or town Rural
 (c) Name of hospital or institution: crashed creek
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 2 yrs
 In this community 2 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Bollinger
 (c) City or town Rural
 (d) Street No. Near Bessville
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME Etta Marie Harper
 3. (b) If veteran, name war: 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 29th
 year 1944 hour 7:00 minute 50 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years
 7. Birth date of deceased: Dec. 31 1935
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 29th 1944 to Jan 29 1944
 that I last saw her alive on Jan 29th 1944
 and that death occurred on the date and hour stated above.

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

Immediate cause of death: Rheumatic fever
 Due to:
 Due to:

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Student

Other conditions: Diabetes
 (Include pregnancy within 3 months of death)
 Major findings: 61
 Of operations:
 Of autopsy:

MOTHER FATHER
 11. Industry or business:
 12. Name Horace E. Harper
 13. Birthplace Glendale Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Myra Hobison
 15. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

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

16. (a) Informant H. E. Harper
 (b) Address Bessville, Mo.
 17. (a) Burial (b) Date thereof Feb. 1, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hurricane Cem.

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: 0

18. (a) Signature of funeral director Baker Funeral Home
 (b) Address Lutesville, Mo. J. E. Graham
 19. (a) Feb. 7, 1944 (b) Mrs. Geneva Graham
 (Date received local registrar) (Registrar's signature)

23. Signature Edw. Crites (M. D. or other) 0
 Address Sealgroveville, Mo. (Date signed 2/9/44)

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

MAR 1 1944

RECEIVED

District Health Officer No. 4
District File Number 244-3437
Date Filed 2-14-44

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 *J. E. Graham*
Licensed Embalmer No. 4010
P. O. Address *Lutesville, Va*

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.