

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14572

FILED MAY 12 1944

Registration District No. 70944

Primary Registration District No. 5418

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Health Hill
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 30 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

George Harper

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or face W. 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Manda Harper 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct 7 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name uk
13. Birthplace uk (City, town, or county) (State or foreign country)
14. Maiden name uk
15. Birthplace uk (City, town, or county) (State or foreign country)

16. (a) Informant Manda Harper

(b) Address Malden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-44
(Month) (Day) (Year)

(c) Place: burial or cremation Malden Rch

18. (a) Signature of funeral director Loyd J. Sew.

(b) Address Campbell

19. (a) 4-8-44 (Date received local registrar) (b) M.D. Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1944 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from April 5, 1944, to April 7, 1944, that I last saw him alive on April 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to arterial sclerosis

Due to _____

Other conditions (Include pregnancy within 5 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 Dr. C. J. ... (M. D. or other) Address Malden Date signed 4/6/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 544-704

Date Filed 5-11-44

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..... *Christina Sanders*.....

Licensed Embalmer No..... 4227.....

P. O. Address.....

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.