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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED AUG 14 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3201

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 27 years, 0

3. (a) PRINT FULL NAME Benjamin W. Harper,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mrs. Emma Harper

6. (c) Age of husband or wife if alive. unknown years

7. Birth date of deceased November 23 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	8	12/11	hr. min.

9. Birthplace Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business X

MOTHER FATHER { 12. Name Unknown,

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

14. Maiden name Unknown,

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

16. (a) Informant Mrs. Emma Harper,

(b) Address 2503 East 43rd St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 8-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-5-44 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2503 E. 43 St.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 4 day
year 1944 hour 12 minute 5 P. M.

21. I hereby certify that I attended the deceased from July 31 1944 to August 4 1944
that I last saw him alive on August 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Urinary obstruction
Acute pyelonephritis-Cardiac failure

Due to _____

Due to _____

Other conditions 133 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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

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? _____

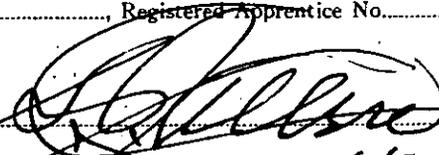
While at work A. E. Upsher (Specify type of place) (e) Means of injury M.D.

23. Signature A. E. Upsher (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 8-5-44

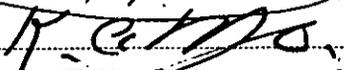
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 1415

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.