

FILED OCT 19 1944

Registration District No.

Primary Registration District No. 4153

Registrar's No.

1. PLACE OF DEATH:
 (a) County Dade
 (b) City or town Lackwood
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether
 In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dade 29
 (c) City or town Lackwood 0
(If outside city or town limits, write "RURAL.")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country?
(Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME JOHN GRANT HARPER
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 28
 year 1944 hour 6 minute 10 A.M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Annie Harper
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased June 6 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-2-1944 to 7-28-1944
 that I last saw him alive on 8-28-1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>22</u>	hr. min.

Immediate cause of death Chronic Nephritis
 Duration

9. Birthplace Mercer Co. Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer - Retired

Due to 131/8
 Due to
 Other conditions Prostatitis
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name William Harper
 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Puthers
 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (e) Informant Mrs. Annie Harper
 (b) Address Lackwood, Mo.
 17. (a) Burial (b) Date thereof Sept. 1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pippenger Cem. Dade Co. Mo.
 18. (a) Signature of funeral director Phillips Funeral Home
 (b) Address Golden City, Mo.
 19. (a) Recd. 31. 1944 (b) Rebecca McCreary
(Data received local registrar) (Registrar's signature)

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 P. D. Combs (M. D. or other)
 Address Lackwood Mo Date signed 8-31-44

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

29
0
0

1083

RECEIVED

District Health Officer No. 6,

District File Number 1044-1074

Date Filed OCT 17 1944

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 H. H. H. H. H.

Licensed Embalmer No. 3278

P. O. Address. Golden City, 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.