

FILED NOV 13 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 212

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Stone Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks 0
(Specify whether years, months or days)

In this community 62 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Wesley Harp

3. (b) If veteran, name year No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife. Mary E. Harp

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 22 1876
(Month) (Day) (Year)

| 8. AGE: | | | If less than one day |
|---------|--------|------|----------------------|
| Years | Months | Days | |
| 67 | 11 | 11 | hr. _____ min. |

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

10. Usual occupation Farmer

11. Industry or business None

MOTHER FATHER

12. Name George Harp

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

14. Maiden name Unknown

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

16. (a) Informant Mary E. Harp

(b) Address Route 3, Carthage, Mo.

17. (a) Burial (b) Date thereof Oct. 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Oct. 5 '44 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3, Carthage 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. - - - 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1944 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from Aug 14 to Oct 3 1944
that I last saw him alive on Oct 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Medullary Paralysis
Hemiplegia

Duration 3 hrs.

Due to Aug 20-44

Other conditions (Include pregnancy within 3 months of death) g 3d

Major findings: Of operations

Of autopsy

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? (Specify type of place) (e) Means of injury

23. Signature Robert B. Keeler, D.O.
Address Carthage, Mo. Date signed Oct 7 44

44-11-911

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.....
Emm R. Stuebel

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.