. No. 2
—8-43
5-17-39
1—X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38244

Registration District No. 184 Primary Registration District No. 5690 Registrar's No. 390

1. PLACE OF DEATH:

(a) County LINN

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

(c) Name of hospital or institution: Yellow Creek - Twp (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 59

(c) City or town St. Catherine 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country — 0

3. (a) PRINT FULL NAME Eudora E. Harper

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. M. 1

5. Color or race white

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

6. (b) Name of husband or wife Wesley Harper

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 1, 1881 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Howard Co. Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business "

FATHER
12. Name JASPER N. HAYES
13. Birthplace Howard Co. Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Lights
15. Birthplace Bucklin, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Wesley Harper

(b) Address St. Catherine, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Wyandott Cem

18. (c) Signature of funeral director Larson Funeral Service

(b) Address Bucklin Mo.

19. (a) Nov. 9. 1944 (Date received local registrar) (b) Wayne W. Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1944 hour 5 minute — P.M.

21. I hereby certify that I attended the deceased from Mar 16, 1942 to Nov 1, 1944; that I last saw her alive on Nov 1, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	0
~~Due to~~ Diabetes Mellitus	8 yrs
Due to	
Other conditions Hypertensive Heart Disease (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations
Of autopsy 61

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Roy R. Haley (M. D. or other) MD

Address Brookfield Mo Date signed 11-8-44

456 (Licensed Embalmer's Statement on Reverse Side)

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin 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.