

FILED JAN 12 1945

Registration District No. 101

Primary Registration District No. 5414

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Ava Rural Washington
 (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 _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME William T. Harper

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Harper 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb - 5 1870
 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Webster County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown Easley

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

16. (a) Informant Irvin Harper

(b) Address Route 3, Ava, Missouri

17. (a) Burial (b) Date thereof 12-12-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Friends

(b) Address Route 3, Ava, Missouri

19. (a) 12-30-44 (b) Lula Spurluck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
 (c) City or town Ava Rural Washington 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 3 0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
 year 1944 hour 8 minute P. M. A. M.

21. I hereby certify that I attended the deceased from Nov 30, 1944 to dec 9, 1944
 that I last saw him alive on Dec 9, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure 2 weeks
Chronic Myocarditis 2 yrs

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 936
 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) (c) Means of injury _____

23. Signature M. C. Dudy (M. D. or other) U
 Address Ava, Mo Date signed 12-15-44

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 6;

District File Number 145-18-

Date Filed JAN 9 1945

Friends took care of body, was not embalmed.

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 W. B. Hutchinson

Licensed Embalmer No. 3931

P. O. Address Cora Wis

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.