

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 26 1945  
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1163  
Registrar's No. 190

Primary Registration District No. 1002

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:  
3519 Brooklyn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 2 Years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME John E Harper

3. (b) If veteran, name war no 3. (c) Social Security No. 708 09 8096

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 11th 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 5 00 hr. min.

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

10. Usual occupation Retired R.R. Engineer

11. Industry or business 33 Years Santa Fe

12. Name John H. Harper

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Ben Morris

(b) Address 3519 Brooklyn

17. (a) Removal (b) Date thereof Jan 14th 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Missouri

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address Kansas City Mo.

19. (a) 1-13-45 (b) D. 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 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3519 Brooklyn 8  
(If rural, give location)  
(e) Citizen of foreign country? no 0 (Yes or No)  
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1945 hour 1 minute 30 P.

21. I hereby certify that I attended the deceased from 10 1943 to Jan-11 1945  
that I last saw him alive on Jan-11 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration

Due to \_\_\_\_\_

Due to 131

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

Major findings:  
Of operations \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature G. Penley (M.D. or other)

Address 832 Argonne Blvd Date signed 1-11-45

---

---

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

*Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *1800 Linwood Blvd.*

**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.**