. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14750

Registration District No. 338 — Primary Registration District No. 4501 — Registrar's No.

**1. PLACE OF DEATH:**
(a) County: Stoddard
(b) City or town: Bloomfield
(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 years, months or days)
In this community: Years

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

3. (a) PRINT FULL NAME: Eva Harper
3. (b) If veteran, name war: ---
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: Mar. (Month) 20, (Day) 1863 (Year)

8. AGE: Years 81 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace: ---- (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Jack Hollock
13. Birthplace: ---- (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Rhoda Proffer
15. Birthplace: ---- (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Nellie Mc Munn (Daughter)
(b) Address: Malden, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 10/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Bloomfield cem.
18. (a) Signature of funeral director: Chiles Und. Co.
(b) Address: Bloomfield, Mo.
19. (a) 3-13-1945 (Date received local registrar) (b) Pearl Elmore (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar. 7th year 1945 hour 9 A. M. minute M.
21. I hereby certify that I attended the deceased from 1941, to MAR. 7, 1945 that I last saw h. ER alive on MAR. 7, 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| CHRONIC MYOCARDITIS | UNKNOWN |
| Due to: ARTERIO SCLEROSIS | |
| Due to: | |
| Other conditions: SENILE DEBILITY (Include pregnancy within 3 months of death) | |

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. L. Davis M.D. (M.D. or other)
Address: BLOOMFIELD Date signed 3-12-45

1120 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 445-53
Date Filed 4/10/45

**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 Isaac B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.**