S. No. 2
0M—2-43
v. 5-17-39
1 X35

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22972

State File No. 3090

FILED AUG 4 1945

Registration District No. _____ Primary Registration District No. 10 02 Registrar's No. _____

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-12-45 to 7-17-45 (Specify whether years, months or days)
In this community 20 years

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. 3300 Hardesty 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME: FRANCES HARPER

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Female

5. Color or race: Negro

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

6. (b) Name of husband or wife: Edward Harper

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: 10 (Month) 1 (Day) 1895 (Year)

8. AGE: Years 49 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace: Pittsburgh (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation: Seamstress

11. Industry or business: Self

MOTHER FATHER

12. Name: Randle Perkens

13. Birthplace: Birmingham, (City, town, or county) Alabama (State or foreign country) 1

MOTHER

14. Maiden name: Evelyn Blackburn

15. Birthplace: Unknown (City, town, or county) 0 (State or foreign country) 1

16. (a) Informant: Records Clerk
(b) Address: Gen. Hosp. #2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn K.C. Kan.

18. (a) Signature of funeral director: J. W. Jones
(b) Address: 440 State Ave.

19. (a) 7-24-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1945 hour 11:25 minute p.m. M.

21. I hereby certify that I attended the deceased from 7-12-45, 19____, to 7-17-45, 19____; that I last saw him or alive on 7-17-45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Fibroid tumor of uterus	Duration
Due to:	
Due to: 56 b	
Other conditions (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: 0

23. Signature: [illegible] (M. D. or other)
Address: General Hospital #2 Date signed 7-27-45

(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 Eugene English

Licensed Embalmer No. 41205

P. O. Address 440 State ave

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.