S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

22973

State File No.

FILED AUG 13 1945

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3228

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Wheatley-Provident Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution lifetime (Specify whether

In this community SINCE BIRTH years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1517 Garfield 8 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Infant HARPER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased 7 (Month) 29 (Day) 1945 (Year)

8. AGE: Years | Months | Days 21 | If less than one day hr. min.

9. Birthplace K C (City, town, or county) Mo (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Charley Harper
13. Birthplace (City, town, or county) Ark 1 (State or foreign country)

MOTHER
14. Maiden name Beatrice Smith
15. Birthplace (City, town, or county) Ark 1 (State or foreign country)

16. (a) Informant Beatrice Harper

(b) Address 1517 Garfield K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Flynn & Greenstreet

(b) Address 1819 E. 15th Str K C Mo.

19. (a) 8-1-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1945 hour 10 00 minute P. M.

21. I hereby certify that I attended the deceased from 7-29, 1945 to 7-30, 1945 that I last saw her alive on July 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage Cerebral	2 Day
Due to Birth Injury	
Due to Prolonged Labor	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1600	
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 Eugene P. Chatman (M. D. or other)

Address 1737 Brooklyn Date signed 7-31-45

(Licensed Embalmer's Statement on Reverse Side)

Gr 8560

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. G. Flynn

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th K.C. 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.