

S. No. 2
DM-2-43
v. 5-17-39
P-1 X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33632**

FILED NOV 9 2 1945

Registration District No. **93**

Primary Registration District No. **5386**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County Dale
(b) City or town Rural - Center Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles N. Greenfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 years (Specify whether years, months or days)
In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dale
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles N. of Greenfield
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE SARAH HARPER

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 50 years (Month) (Day) (Year)

7. Birth date of deceased October 30 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 26 hr. min.

9. Birthplace Leroy Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

MOTHER FATHER

12. Name William Harper

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

14. Maiden name Carrie Lawler

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

16. (a) Informant Mrs. Bernice McQuire

(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof 10-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield

18. (a) Signature of funeral director Sam S. Sweeney

(b) Address Greenfield, Mo.

19. (a) Oct 29 45 (b) Pace L. Weaver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1945 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 - 45
19 Oct 26 to 19 45
that I last saw her alive on Oct 23 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach
Due to _____
Due to _____

Other conditions None
(Includes pregnancy within 3 months of death)

Major findings: Hx
Of operations _____
Of autopsy _____

Duration _____
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 J. O. Cowan (M. D. or other) _____
Address Greenfield Date signed 10-29-45

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

1420

(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..... *Sam E. Sencer*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, 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.