

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3502
Registrar's No. 5

Registration District No. 251 Primary Registration District No. 3048

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

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

3. (a) PRINT FULL NAME William Harold Harper
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex male 5. Color or race white 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 January 5, 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 6, year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 5 to Jan 6, 1946, that I last saw him alive on Jan 6, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 1 If less than one day hr. _____ min. _____

Immediate cause of death congenital circulatory disorder
Due to persistent synovitis without effusion
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 161

9. Birthplace Maryville, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name Charles L. Harper
13. Birthplace Mt. Moriah, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Collins
15. Birthplace Coin, Iowa
(City, town, or county) (State or foreign country)
16. (a) Informant Charles L. Harper
(b) Address Tarkio, Missouri
17. (a) burial (b) Date thereof 1-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clearmont cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo
19. (a) Jan 4/46 (b) Bozo Hall
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature A. C. Baumann M. D. or other MD
Address Maryville 13180 Main Date signed 1/10/46

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

1688

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 ^{not}.....

Registered Apprentice No. ^.....

working under my personal supervision.

Signed.....

John W. Price

Licensed Embalmer No. 4281.....

P. O. Address.....

Maryville 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.