

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13583

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1119 Moffet Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 705 1/2 Main St
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy Alvin Harper

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased July 7 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 17 hr. min.

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

10. Usual occupation labor

11. Industry or business Creamery Co

12. Name T. A. Harper

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

14. Maiden name Carrie Gibbs

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

16. (a) Informant Mrs Richard Davis

(b) Address 1119 Moffet Ave

17. (a) burial (b) -Date thereof 3-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Thornhill-Dillon
(b) Address Joplin, Mo.

19. (a) 3-28-46 (b) Bellie Karsa, D.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1946 hour 11 minute 47 p. M.

21. I hereby certify that I attended the deceased from March 16, 1946 to March 24, 1946
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory failure
Duration _____

Due to Hepatitis

Due to Chronic cholecystitis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1210
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? _____ (2) Means of injury _____

23. Signature A. E. Heiler, M.D.
Address Joplin, Mo. Date signed 3-25-46

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

12489 mhc harlan

46-3-278

STATEMENT BY LICENSED EMBALMER

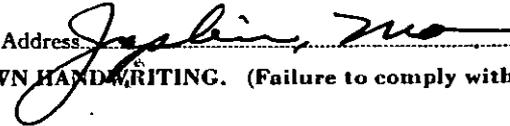
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision. -

Signed..... 

Licensed Embalmer No. 4240

P. O. Address 

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.