S. No. 2
M—2-43
5-17-39
I X35697

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

16304

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17423

Registration District No. 277 Primary Registration District No. 3045 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution: 310 East Commercial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 310 East Commercial (If rural, give location)

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

If yes, name country None

3. (a) PRINT FULL NAME Robert Ferdinand Harper

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hannah Thompson Harper

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

7. Birth date of deceased March 9th, 1886 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace Mississippi County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Cotton and grain buyer

11. Industry or business Cotton & Grain buyer

FATHER
12. Name William R. Harper
13. Birthplace Hallrock Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Ostner
15. Birthplace Pinckneyville, Ill (City, town, or county) (State or foreign country)

16. (a) Informant Norman L. Harper

(b) Address Charleston, Mo

17. (a) 5/19/1946 Burial (Burial, cremation, or removal) Date thereof 5/19/46 (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Charleston, Mo

18. (a) Signature of funeral director John F. Hummeler Jr.

(b) Address Charleston, Mo

19. (a) 5-25-46 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to May 12, 1946; that I last saw him alive on May 12, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 5 Mo

Due to

Due to

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

23. Signature C. C. Presnell, M.D. (M. D. or other)

Address Charleston Mo Date signed 5-18-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 646-703
Date Filed 6-6-46

MAR 19 1951

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 John F. Kimmelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.