

FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____ Primary Registration District No. 3000 Registrar's No. 179

1. PLACE OF DEATH:
 (a) County Adair
Kirksville
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Laughlin Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Iowa (b) County Appanoos
999
 (c) City or town Moravia,
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 21
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Richard M. Harp
 (b) If veteran, name war _____ (c) Social Security No. 480-12-785

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20
 year 1946 hour 18:55 minute A: M.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Laws
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased: Oct. 21 1916
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
June 18, 1946, to June 20, 1946
 that I last saw him alive on June 20, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
29 7 29 hr. min.

Immediate cause of death:
Massive mesenteric thrombosis 9/12/46
 Due to Probably secondary to phlebotomy

9. Birthplace: Leon Iowa
 (City, town, or county) (State or foreign country)
10. Usual occupation: Truck Driver

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

11. Industry or business: _____
12. Name: Frank Harp
13. Birthplace: Unknown Iowa
 (City, town, or county) (State or foreign country)
14. Maiden name: Ma Kowan
15. Birthplace: Unknown Iowa
 (City, town, or county) (State or foreign country)

Major findings: 99:1
 Of operations _____
Of autopsy: Mesenteric thrombosis with gangrene of entire small bowel

16. (a) Informant: Mrs. Pauline Harp
 (b) Address: Moravia, Iowa
17. (a) Removal (b) Date thereof: 6/20/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Moravia Iowa

PHYSICIAN
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director: [Signature]
 (b) Address: Kirksville, Mo.
19. (a) 6-20-46 (b) [Signature]
 (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) (e) Means of injury 1

23. Signature: [Signature] (M. D. or other) D.O.
 Address: Kirksville, Mo. Date signed: 6/20/46

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

JUL 26 1952

RECEIVED

District Health Officer No. 10

District File Number 7-46-1247

Date Filed JUL 3 1946

JUL 6 1946

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 DE. Kelley

Licensed Embalmer No. 4181

P. O. Address 228 Knull 40

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.