S. No. 2
M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19771

Registration District No. 65 Primary Registration District No. 4113 Registrar's No.

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town BRUNSWICK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~MIAMI~~ MO (b) County CARROLL
(c) City or town MIAMI STATION
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERTRAM 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 DONT KNOW (Month) (Day) (Year)
8. AGE: Years ABOUT 63 Months — Days — If less than one day hr. min.
9. Birthplace TRIPLETT (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMER
11. Industry or business FIRM WORK
FATHER 12. Name DAVID L. HARPER
13. Birthplace SWEET SPRINGS MO (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY J. JACKSON
15. Birthplace SWEET SPRINGS MO (City, town, or county) (State or foreign country)
16. (a) Informant FLOYD HARPER
(b) Address DE WITT MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-26-1946 (Month) (Day) (Year)
(c) Place: burial or cremation DE WITT MO
18. (a) Signature of funeral director L. Morse
(b) Address BRUNSWICK MO
19. (a) June 25-46 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 24TH year 1946 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from JUNE 24, 1946, to JUNE 24, 1946, that I last saw him alive on JUNE 24, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac failure	terminal
Due to: Chronic myocarditis	5 yrs.
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 J. P. Fowler (M. D. or other) M.D.
Address Brunswick, Mo Date signed 6/28/46

(Licensed Embalmer's Statement on Reverse Side)

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

18648

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-8-45

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 L M Cousins

Licensed Embalmer No. 823

P. O. Address Brunswick M

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.