S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29794

State File No.

Registration District No. 55 Primary Registration District No. 5798 Registrar's No. 117

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural Trotter
(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 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

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

(d) Street No. R.F.D. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rev Lenna H. Harper

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Sarah Harper

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct (Month) 6 (Day) 1864 (Year)

8. AGE: Years 81 Months 10 Days 17 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business

FATHER 12. Name Vinson Harper

13. Birthplace / (City, town, or county) Ky. (State or foreign country)

MOTHER 14. Maiden name Amanda Katharine (Unknown)

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

16. (a) Informant Mrs Lenna Harper

(b) Address Rt. 1 Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Carrollton Mo.

18. (a) Signature of funeral director Marshall Funeral Home

(b) Address Carrollton, Mo.

19. (a) 8/25/46 (Date received local registrar) (b) Mr. Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1946 hour minute M.

21. I hereby certify that I attended the deceased Aug 22-46, 19, to, 19; that I last saw him alive on Aug 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Dry Gangrene left leg. Thrombus of Popliteal	

Major findings:
Of operations
Of autopsy 46B

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 0

23. Signature Carl H Reed (M. D.)

Address Carrollton Mo. Date signed 8-24-46

(Licensed Embalmer's Statement on Reverse Side)

US

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 9-21-46

AUG 5 1956

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 R M Marshall Jr, Registered Apprentice No. #09, working under my personal supervision.

Signed R M Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.