DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36328

Registration District No. 55 — Primary Registration District No. 3011 — Registrar's No. 137

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

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community ALL her Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 206 East Washington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ina Jane Harper
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex FEMALE
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Standley Harper
6. (c) Age of husband ~~or wife~~ if alive 58 years
7. Birth date of deceased Aug (Month) 20 (Day) 1890 (Year)

8. AGE: Years 56 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Frank Todd
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anderson
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Standley Harper
(b) Address Carrollton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Van Horn
18. (a) Signature of funeral director E. A. Dickerson
(b) Address Bogard, Mo.
19. (a) 11/17/46 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. 14 day year 1946 hour 12:20 minute P M.
21. I hereby certify that I attended the deceased from November 11th, 1945 to Nov. 14, 1946 that I last saw her alive on Nov. 13, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Suppurative Nephritis	2 yrs.
Due to	
Due to	
Other conditions: Nephrolithiasis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

1336

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 Everett L. Smith (M. D. or other) Do.
Address 1 So. Main, Carrollton Mo. Date signed 11/16/46

45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-11-46

DEC 12 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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard 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.