

FILED MAY 8 1947  
Martin

Registration District No. 222

Primary Registration District No. 3074

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sikeston General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis G. Harper

3. (b) If veteran, name war X 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3 1870  
(Month) (Day) (Year)

8. AGE: Years 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace Polk Co. Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Harper  
13. Birthplace Polk Co. Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillie Ann Settle  
15. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Jones  
(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 4/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 4-26-47 (b) Mrs. F. F. Henry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Matthews  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19  
year 1947 hour 5 minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from Jan. 7  
1947 to April 19 1947;  
that I last saw him alive on April 19 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, cerebral 24 hrs.

Due to Arteriosclerosis, general yes.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 83A  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M. D. Martin (M. D. or other) M. D.  
Address Sikeston, Mo. Date signed 4-23-47

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

5500

RECEIVED

District Health Office No. 2,  
District File Number 547-668  
Date Filed 5-5-47

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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 Allerton*

Licensed Embalmer No. 9941

P. O. Address Superior Ave

**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.