

Registration District No. **87**

Primary Registration District No. **5092**

Registrar's No. **26**

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Rural Lone Oak Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R.F.D.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

3. (a) PRINT FULL NAME Nellie Bentley HAPPER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife E.C. Harper
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Dec. 24 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>69</u>	<u>2</u>	<u>16</u>	

9. Birthplace Bates County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER {
 12. Name John F. Bentley
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Francis Burkhart
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

FATHER {
 16. (a) Informant E.C. Harper
 (b) Address R.F.D. Butler, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 3-11-47
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver-Underwood
 (b) Address Butler, Missouri

19. (a) 3-10-47
(Date received local registrar) (b) Kendall Perry
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Bates
 (c) City or town Rural Lone Oak Twp
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 9
 year 1947 hour 9:20 minute AM M.

21. I hereby certify that I attended the deceased from May 8 1944 to March 9 1947
 that I last saw her alive on alive 3/2 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Carcinoma
 Due to Carcinoma left
 Other conditions of any
(Include pregnancy within 3 months of death)
 Major findings: HYP
 Of operations _____
 Of autopsy _____

Duration _____
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) (Means of injury)
 23. Signature Butler, Mo (M. D. or other) MD
 Address Butler, Mo Date signed 3/10/47

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

RECEIVED
District Health Officer No. 7,
District File Number 4-47-601
Date Filed 5-20-47

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.....

Kenneth D. Book, Registered Apprentice No. 471
working under my personal supervision.

Signed John G. Hadenwood
Licensed Embalmer No. 3585

P. O. Address.....

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.