

FILED AUG 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28540

Registration District No. 267

Primary Registration District No. 5980

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Bronzedalia, Mo. Rural.
 (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 _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME M^r Kinley Harper

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 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: March 6 1907
 (Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Jackson, Miss.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Thomas Harper

13. Birthplace D. H.
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Brown

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

16. (a) Informant Will Ode Harper

(b) Address Bronzedalia, Mo.

17. (a) Burial (b) Date thereof 8-12-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandy Hook Cem.

18. (a) Signature of funeral director J. R. Mission

(b) Address St. Louis, Mo.

19. (a) 8-12-47 (b) John W. Kernan
 (Date received by registrar) (Registrar's signature) 515

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
 (c) City or town Bronzedalia, Mo. Rural.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? Mo (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 11 day _____
 year 1947 hour 1.00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Aug. 10 - 1947 to Aug. 11 - 1947
 that I last saw him alive on Aug. 10 - 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease
 Duration Not Known

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

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. R. Mission (M. D. or other) _____

Address Caruthersville, Mo. Date signed 8-11-47

8-47-239

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 **AUG 21 1947**

....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Herman

Licensed Embalmer No. 4355

P. O. Address Blaine, Mo. Box 424

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.