

FILED OCT 21 1947
 Registration District No. 2242

Primary Registration District No. 1241

Registrar's No.

1. PLACE OF DEATH:

- (a) County Washington
 (b) City or town Rural Breton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Near Petoni mo!
 (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

Henderson L. Harper

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lena Harper
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased March 22 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 5 hr. min.

9. Birthplace Pendleton Co. West Virginia
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business none

12. Name Phis Harper

13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Stuart Mallow

15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Lena Harper

(b) Address Petoni mo.

17. (a) Burial (b) Date thereof 9-28-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Near Petoni mo.

18. (a) Signature of funeral director Mr. Luther Sparks

(b) Address Petoni mo.

19. (a) Oct 9-47 (b) Mrs. C. F. Greenlee
 (Date received local registrar) (Registrar's signature) 220

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Washington
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Petoni mo.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
 year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 23 1947 to Sept 27 1947
 that I last saw Deceased and that death occurred on the date and hour stated above.

Immediate cause of death.....

Hemorrhage bladder

Due to.....

Due to.....

Probable Carcinoma

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

Major findings:
 Of operations.....

Of autopsy.....

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 L. F. Freshwell (M. D. or other) 0
Petoni mo. Date signed 10/9/47

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

MOTHER FATHER

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Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 1047-1349

Date Filed 10-20-47

Not Embalmed.

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

Murphy L Spinks

Licensed Embalmer No.

4236

P. O. Address

Hot River, 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.