—1/47
5-17-39

National Office of Vital Statistics

FILED DEC 30 1947

Registration District No. 366

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6245

State File No. 44059

Registrar's No. —

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

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural Walton twist
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Shirley 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)

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 Shirley Mo
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Gennie M. Harper

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daniel Harper

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 3 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	4	26	..... hr. ..... min.

9. Birthplace Washington Co. D
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business .....

FATHER
12. Name Dwight Bridgman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Harper
(b) Address Shirley Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Shirley Mo

18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Potosi Mo

19. (a) Dec 10-47 (Date received local registrar) (b) Mrs G F Cressville (Registrar's signature) 227

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1947 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Oct 10 1947 to Oct 29 1947
that I last saw her alive on Oct 29 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Liver	1 yr
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

46F

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other)
Address Potosi Mo Date signed Dec 2 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

...trict Health Officer No. 4

...ict File Number 1247-1612

...iled 12-29-47

MAY 8 1958

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. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat 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.