S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2187

Registration District No. 3/6 Primary Registration District No. 6075 Registrar's No. 39

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Leadington Mo
(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 years, months or days) In this community years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Leadington
(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

3. (a) PRINT FULL NAME Fredrick R. Harper
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Harper
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct (Month) 26th (Day) 1882 (Year)

8. AGE: Years 65 Months 2 Days 28 If less than one day hr. min.
9. Birthplace Alliance Mo (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name William M. Harper
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Cook
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Hazel Hyer
(b) Address Mich
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wood Lawn Cemetery
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat Rock Mo
19. (a) 2-6-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan 24 day year 1948 hour 11 10 A.M. M.
21. I hereby certify that I attended the deceased from June 1 1947, to Jan 24 1948; that I last saw h. alive on Jan 23 1948; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of left lung (Known 6 Mos)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 J. L. Foster (M. D. or other) M.D.
Address J. Desloge Mo Date signed Jan 26 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health [illegible] No. 4

District File [illegible] 248-197

Date Filed 2-12-48

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 W. A. Caldwell

Licensed Embalmer No. 3317

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.