No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 4 1948
Registration District No. 245

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17060
Registrar's No. 44

Primary Registration District No. 3047

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE MEMORIAL HOSPITAL O
(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 NEWTON 73
(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 6
If yes, name country .....

3. (a) PRINT FULL NAME BOBBY JOE HARPER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE O
5. Color or race WHITE
6. (a) Single, widowed, married, divorced INFANT O
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased MAY (Month) 25 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. ..... min.

9. Birthplace NEOSHO (City, town, or county) MISSOURI O (State or foreign country)
10. Usual occupation INFANT
11. Industry or business .....
FATHER
12. Name JAMES HARPER
13. Birthplace NEOSHO (City, town, or county) MISSOURI O (State or foreign country)
MOTHER
14. Maiden name HELEN WRIGHT
15. Birthplace NEOSHO (City, town, or county) MISSOURI O (State or foreign country)
16. (a) Informant James Harper
(b) Address Neosho Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation GIBSON CEMETERY
18. (a) Signature of funeral director Cooley Thompson
(b) Address Neosho Mo.
19. (a) May 29, 1948 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature) 293

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1948 hour 11 minute 45 P. M.
21. I hereby certify that I attended the deceased from May 25, 1948 to ....., 19....; that I last saw him alive on May 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 159	
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 O
23. Signature F. F. Whitehead (M. D. or other) M.D.
Address Neosho Mo Date signed 5-27-48

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

RECEIVED
District Health Officer No. Newton
District File Number 648-311
Date Filed 6-3-48

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 Conley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.