

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32656

FILED NOV 8 1948 28

Registration District No. 28

Primary Registration District No. 5465

Registrar's No. 936

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Springfield - N. Campbell Ave

(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: 4 mon (Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) County JEFFERSON

(b) City or town SPRINGFIELD MO
(If outside city or town limits, write "RURAL")

(c) Street No. 515 - WASHINGTON AVE
(If rural, give location)

(d) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HARRY HARPIER

3. (b) If veteran, name war X

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from unattended by a physician 1948 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race NEGRO

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

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

7. Birth date of deceased: ? ? 1900
(Month) (Day) (Year)

Immediate cause of death probably coronary thrombosis

Duration _____

8. AGE: Years 48 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace HUMANSVILLE MO A
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

Major findings: Of operations _____

Of autopsy Q4W

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name ELY HARPIER

13. Birthplace HUMANSVILLE MO
(City, town, or county) (State or foreign country)

14. Maiden name JOSE WOODROW

15. Birthplace HUMANSVILLE MO
(City, town, or county) (State or foreign country)

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? ✓

16. (a) Informant MILDRED SCOTT

(b) Address BENTON AVE

17. (a) BURIAL (b) Date thereof 10-31-48
(Date, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

While at work? _____ (Specify type of place)

(e) Means of injury 8

18. (a) Signature of funeral director N. J. Smith

(b) Address 602 - N. Jefferson

19. (a) 10-30-48 (b) N. J. Handley
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Handley local registrar (M. D. or other) _____

Address Springfield Mo Date signed 10/28/48

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

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.....

Herbert V. Smith

Licensed Embalmer No.....

4286

P. O. Address.....

Springfield, 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.