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 5-17-39  
 1-237823

37770

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 29 1948

Registration District No. 374

Primary Registration District No. 6065

Registrar's No. 67

1. PLACE OF DEATH:

(a) County St. Clair  
 (b) City or town Osceola (rural)  
 (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)  
 In this community 661y. earper years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair  
 (c) City or town Osceola (Rural)  
 (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

Roseella Harper

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female / Male / 5. Color or race White / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Harper 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August 27 1873  
 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Schuler County Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

12. Name Thomas J. Jackson

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

14. Maiden name Elizabeth Orr

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

16. (a) Informant Wilmer Harper

(b) Address Osceola Missouri

17. (a) Burial (b) Date thereof 11/20/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Igonium Cemetery

18. (a) Signature of funeral director Goodrich Funeral Home  
Osceola Missouri

(b) Address \_\_\_\_\_

19. (a) 11-18-48 (b) Ruth Seavers  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17  
 year 1948 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-13, 1948 to 11-17, 1948  
 that I last saw him alive on 11-2, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Malegmaney of old wound probably due to old scars from childhood injury  
 Due to \_\_\_\_\_  
 De to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTAL INFORMATION

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Ruth Seavers (M. D. or other) \_\_\_\_\_

Address Osceola Mo Date signed \_\_\_\_\_

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

389

11-18-48

RECEIVED  
District Health Officer No. 7,  
District File Number 10-48-1361  
Date Filed 11-27-48

**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 J. B. Goodrich  
Licensed Embalmer No. 3028  
P. O. Address J. B. Goodrich

**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.**

1. PLACE OF DEATH:

(a) County St Clair  
(b) City or town Rural  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Rosella Harper

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased aug 2  
(Month) (Day) (Year)

8. AGE: Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) Paul Searcy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 7  
Year 1948 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to Possibly dust, near  
street from an old  
gun shot wound which  
abscessed about 3 yrs ago  
and which doubtless  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
left scars

Major findings:  
Of operations \_\_\_\_\_  
No autopsy - no  
Of autopsy definite pneumonia

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul Searcy (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 1-10-49

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

SUPPLEMENTARY

