

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5832

BIRTH NO. <u>48-66350</u>		REG. DIST. NO. <u>297</u>	PRIMARY REG. DIST. NO. <u>6022</u>	Registrar's No. <u>19</u>
1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond "Rural" Richmond</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Richmond "Rural" Richmond, Twnshp-2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles southeast of Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles southeast of Richmond</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u>		b. (Middle) <u>LEE</u>	c. (Last) <u>HARPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 17, 1949</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u> IF UNDER 12 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Harper</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Tracey</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Harper, Richmond, RR #2, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-----</u> DUE TO (c) <u>-----</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1911</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-----</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-----</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-----</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-----</u>		
22. I hereby certify that I attended the deceased from <u>2-11, 1949</u> to <u>2-18, 1949</u> , that I last saw the deceased alive on <u>2-18, 1949</u> and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. E. Gay, M.D.</u> (Degree or title)		23b. ADDRESS <u>Gay Bldg. Richmond, Mo</u>	23c. DATE SIGNED <u>2/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Todd's Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 19-1949</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>	ADDRESS <u>Richmond, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-24-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Body was not embalmed.

Signed _____

William H. Thurman

Signed _____

Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, Missouri

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.