

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

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY OR TOWN <u>NEW MADRID</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID</u> 121	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>NO</u>		d. STREET ADDRESS (If rural, give location) <u>010</u>	

3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>HARPER</u> c. (Last) <u>HARPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24, 1950</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-7-1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours 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	11. BIRTHPLACE (State or foreign country) <u>NORTH CAROLINA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>GEORGE HARPER</u>	13b. MOTHER'S MAIDEN NAME <u>UND</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SUSIE HARPER - NEW MADRID.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Arterio</u> DUE TO (c) <u>sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		443X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		120. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to March 4, 1950, that I last saw the deceased alive on March 21, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. B. Chandler MD</u>	23b. ADDRESS <u>New Madrid Mo</u>	23c. DATE SIGNED <u>3/24/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/26/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FANNIE POWELL</u>	24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MO.</u>
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DATE REC'D BY LOCAL REG. <u>3-30-50</u>	REGISTRAR'S SIGNATURE <u>Helen Louie Jones</u> 216	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Underk. G. New Madrid</u>
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APR 3 195

RECEIVED

District Health Office No.

District File Number 450-2

Case Filed

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.

Student Student Embalmer

Signed Donald Roberts

Licensed Embalmer No. 4722

P. O. Address New Madison

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.