

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16767

2068

|   |                               |  |   |   |   |   |  |
|---|-------------------------------|--|---|---|---|---|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>   |                               |  |   | c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>   |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>619 East 9th. Street</b>   |                               |  |   | d. STREET ADDRESS (If rural, give location) <b>619 East 9th. Street</b>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                               | a. (First) <b>John</b>   |   | b. (Middle) <b>C.</b>   |   | c. (Last) <b>Harper</b>   |  |
| 4. DATE OF DEATH  |                               | (Month) <b>5</b>   |   | (Day) <b>4</b>  |   | (Year) <b>1950</b>  |  |
| 5. SEX <b>male</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>  |   | 8. DATE OF BIRTH <b>Aug. 9, 1892</b>  |   | 9. AGE (In years last birthday) <b>57</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>N.Y. Tuxedo Rental Co.</b>  |   | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>Henry C. Harper</b>   |                               |  | 13b. MOTHER'S MAIDEN NAME <b>Ida Ollie Wilson</b> |   |   | 14. NAME OF HUSBAND OR WIFE <b>Lena L. Harper</b>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                               | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lena L. Harper, 619 E. 9th. St.</b>   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b><br>ANTECEDENT CAUSES (b) <b>Cirrhosis of Liver</b><br>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b><br><b>4 yrs</b><br><b>5810</b>    |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   | 20. AUTOPSY?<br>YES <input checked="" 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) (m.)  |                               | 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 <u>Jan</u> , 1947, to <u>May 4</u> , 1950, that I last saw the deceased alive on <u>May 4</u> , 1950, and that death occurred at <u>9:50</u> m., from the causes and on the date stated above. |                               |  |   |   |   |   |  |
| 23a. SIGNATURE <b>F. W. Thompson</b> (Degree or title)  |                               |  |   | 23b. ADDRESS <b>705 Bryant Bldg.</b>  |   | 23c. DATE SIGNED <b>5-4-50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>  |                               | 24b. DATE <b>5-6-50</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>  |   | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>          |  |
| DATE REC'D BY LOCAL REG. <b>5-5-50</b>  |                               | REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>  |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary, Kansas City, Missouri</b> |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

5-50

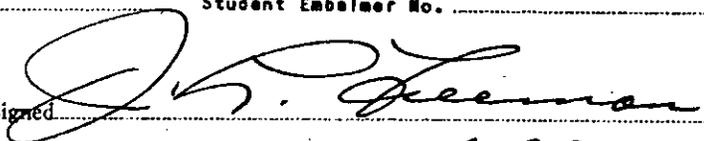
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed 

Licensed Embalmer No. 2939

P. O. Address K. C. 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.