

S. No. 300  
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
FILED AUG 29 1950 STANDARD CERTIFICATE OF DEATH

27234

State File No. ....

BIRTH NO. .... REG. DIST. NO. 150 ... PRIMARY REG. DIST. NO. 5572 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL PRAIRIE Little Blue		c. LENGTH OF STAY (in this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		d. STREET ADDRESS (If rural, give location) 9107 Shope			
3. NAME OF DECEASED (Type or Print) WILLIAM F. HARPER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 10, 1950		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Concrete Contractor		10b. KIND OF BUSINESS OR INDUSTRY Concrete Contractor		11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Leonard Harper		13b. MOTHER'S MAIDEN NAME Orinda Brown		14. NAME OF HUSBAND OR WIFE Della Harper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Della Harper 3211 E. 38th St.	
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) Metastatic Ca. of Lung  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma (Gastrot)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH   177X
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)		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 29 July, 1950, to 10 Aug., 1950, that I last saw the deceased alive on 10 Aug., 1950, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John C. Blumenschein, M.D. 0			23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 11 Aug 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE Aug. 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.		24d. LOCATION (City, town, or county) (State). Jackson County Missouri
DATE REC'D BY LOCAL REG. 8-13-50		REGISTRAR'S SIGNATURE Donald C. Emswiler 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Indep., Mo.	

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

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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 Herald E. Madrel

Licensed Embalmer No. 4609

P. O. Address Independence, 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.