

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4834**
807

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 town) KANSAS CITY	c. LENGTH OF STAY (in this place) 1 yr.	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARTON NURSING HOME		STREET ADDRESS (If rural, give location) 435 GLADSTONE BLVD.	

3. NAME OF DECEASED (Type or Print)	a. (First) LETTIE	b. (Middle) BELLE	c. (Last) HARPER	4. DATE OF DEATH (Month) (Day) (Year) FEB. 22 1955
-------------------------------------	--------------------------	--------------------------	-------------------------	-----------------------------------------------------------

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH 9-10-1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
----------------------	-------------------------------	-----------------------------------------------------------------------	-----------------------------------	-------------------------------------------	------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ottewille Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--------------------------------------------------------------------------------------------------------------	-----------------------------------	------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME James A. Murphy	13b. MOTHER'S MAIDEN NAME Cordis	14. NAME OF HUSBAND OR WIFE Woodley Daniel Harper
-------------------------------------------	-----------------------------------------	----------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME JACK HARPER	ADDRESS 408 W. 40th Pen.
-----------------------------------------------------------------------------	-------------------------------------	------------------------------------------------------	---------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		490k

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)	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 2/20, 1955 to 2/22, 1955, that I last saw the deceased alive on 2/20, 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Farnsworth (Degree or title)	23b. ADDRESS 1103 Grand Kansas City Mo	23c. DATE SIGNED 2/22/55
----------------------------------------------------------	-----------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 22 1955	24c. NAME OF CEMETERY OR CREMATORY CONWAY CEMETERY	24d. LOCATION (City, town, or county) (State) OSAGE BEACH MISSOURI
---------------------------------------------------------	-------------------------------	-----------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 2-22-55	REGISTRAR'S SIGNATURE Reva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE R. W. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
-----------------------------------------	--------------------------------------------	--------------------------------------------------------	--------------------------------------------------

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

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.....
Signature of Student Embalmer

Signed *Albert L. Savage*
Licensed Embalmer No. *481*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.