

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23748**  
**3139**

FILED AUG 8 - 1956

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1005</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give townships) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>21 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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: <b>General #2</b>				e. STREET ADDRESS (If rural, give location) <b>58 5205 E. 35th 3580</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dinah</b>		b. (Middle)		c. (Last) <b>Harper</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 17, 1956</b>	
5. SEX <b>3</b> <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 8, 1891</b>	
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>FT. SMITH, ARK.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Anthony Fonville</b>		13b. MOTHER'S MAIDEN NAME <b>Terry Bangs</b>		14. NAME OF HUSBAND OR WIFE <b>ELIJAH HARPER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elijah Harper, husband 5205 E. 35th</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b>  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  <b>443x</b>
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) (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 <b>7-11-56</b> , 19___, to <b>7-17-56</b> , 19___, that I last saw the deceased alive on <b>7-17-56</b> , 19___, and that death occurred at <b>5:30 P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. R. Peterson</b> (Degree or title)				23b. ADDRESS <b>600 E. 22nd St.</b>		23c. DATE SIGNED <b>7-18-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-23-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Land</b>		24d. LOCATION (City, town, or county) (State) <b>N.C. Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-20-56</b>		REGISTRAR'S SIGNATURE <b>newman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brighton</b>		ADDRESS <b>183 Pat</b>	

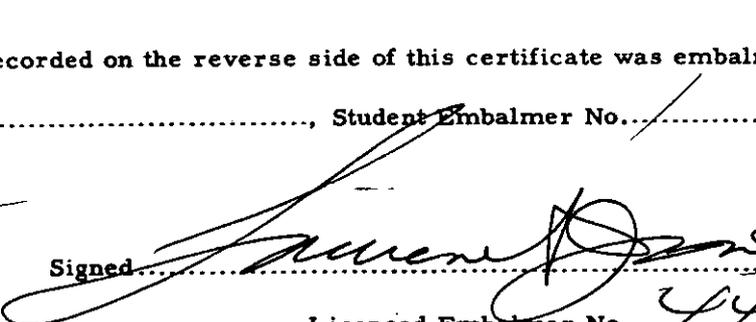
(Licensed Embalmer's Statement on Reverse Side)

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.....  


Licensed Embalmer No. .... 44

P. O. Address .....  
RCUM

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.