

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

17638

State File No. _____

Registration District No. 211

Primary Registration District No. 5291

Registrar's No. 10

600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole Missouri

(b) City or town Route 1 Centertown Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
W-50 Highway (Route 1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Route 1 - Centertown
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alfred Thomas Harper

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 7 minute 15 M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from May 21, 1941, to May 22, 1941;
that I last saw him alive on May 22, 1941;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 31 1876
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Hypertension

8. AGE: Years 65 Months 9 Days 22 If less than one day _____ hr. _____ min.

Due to _____

Other conditions Cirrhosis of Liver 6 mo.
(Include pregnancy within 3 months of death)

9. Birthplace Centertown Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 124 B

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business _____

12. Name Asa Harper

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Chambers

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Harper

(b) Address Route 1, Centertown

17. (a) Burial (b) Date thereof 5-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown cemetery

18. (a) Signature of funeral director Janner Lewis

(b) Address 700 Jefferson

19. (a) 5-24-41 (b) Asa Harper
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Janner Lewis (M.D. or other) _____
Address Jefferson City Mo Date signed 5-24-41

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.....

....., Registered Apprentice No.....

.....working under my personal supervision.

Signature *L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *J. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.