

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

1. PLACE OF DEATH:

(a) County Moniteau Co.  
 (b) City or town California, Mo. Walker  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Latham Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Hrs.  
(Specify whether)  
 In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
 (c) City or town California, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. City  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Paul Robert Harper

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

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced 0  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 11 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 5 hr. 6 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Robert O. Harper

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

14. Maiden name Jane Light

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

16. (a) Informant Robert O. Harper

(b) Address Centertown Mo.

17. (a) Burial (b) Date thereof Mar. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Centertown Cemt.

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) 3-13-48 (b) A. R. Popejoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
 year 1948 hour 6 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from March 11 1948 to March 11 1948  
 that I last saw him alive on March 11 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Patent interventricular septum

Due to Congenital defect

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

3 hours

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ Means of injury 0

23. Signature Kenneth Latham (M. D. or other) \_\_\_\_\_  
 Address California, Mo. Date signed 3-12-48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 5 1948

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.

*Not Embalmed*

Signed *Eugene R. Rowlin*

Licensed Embalmer No. *2126*

P. O. Address *California, 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.)

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