DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5789

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 16 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Jane Harper

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Isaac Harper

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased April (Month) 1st (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	11	12	hr. min.

9. Birthplace _____ (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name John Parkerson
13. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Margret Ventreece
15. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature _____
(b) Address Purdy Mo. R#

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation Concord Cem.

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1938, 19__, to March 13, 1942
that I last saw her alive on March 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy — Instantaneous	
Due to: Hypertension	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
Of autopsy	

PHYSICIAN — Underline the cause to 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? _____ (e) Means of injury _____

23. Signature John R Fulton (M. D. or other) DO
Address Ophelton Mo Date signed March 19 42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should i
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

Signed Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5789

Registration District No. 29 — Primary Registration District No. 5050 — Registrar's No. 109

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Liberty Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 16 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Barry

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Mary J. Harper

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Isaac Harper

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Apr. 1 (Month) 1 (Day) 1868 (Year)

8. AGE: Years 81 Months 11 Days 13 (If less than one day ..... hr. ..... min.)

9. Birthplace: Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

FATHER
12. Name: John Parkerson
13. Birthplace: Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret Ventrell
15. Birthplace: Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Sarah Harper
(b) Address: Purdy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Concord Cem.

18. (a) Signature of funeral director: Gogue Funeral Home
(b) Address: Wheaton Mo.

19. (a) Dec 11, 1942 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 13 year: 1942 hour: ..... minute: ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy — Duration: Instant

Due to: Hypertension — 5 yrs.

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings: Of operations: .....

Of autopsy: .....

PHYSICIAN — Underline the cause to 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? .....

While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: John R. Eubron (M. D. or other) D.O.

Address: Wheaton, Mo. Date signed .....

SUPPLEMENTARY

Liberty - Imp.

6845-S