

FILED JAN 5 1944
Registration District No. 1914/9

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community life time
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1906 Esterly
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 2

3. (a) PRINT FULL NAME Margaret Ruth Harper

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Wm. Henry Harper 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 11, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 7 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Puffus Williams
13. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Louisa Sampson
15. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

16. (c) Informant Wm. Henry Harper

(b) Address 1906 Esterly

17. (a) Burial (b) Date thereof Dec 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director State's funeral home

(b) Address Kansas City Kansas

19. (a) 12-20-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1943 hour 6:25 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 9th
1943, to Dec 18 1943.
that I last saw her alive on Dec 17 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 8 days

Due to Hypertension + Bleeding ?

Due to 61

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) (Country) (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 0

23. Signature Chas C. Quinn M.D. (M. D. or other)
Address City Medical Bldg. Date signed 12/18/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.