

FILED JUN 19 1945

Primary Registration District No. 5971

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

1. PLACE OF DEATH:

(a) County Bellevue (Rural) Marion  
(b) City or town Bellevue (Rural) Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Imp  
8 mi S.E. of Bellevue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 6 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Craig  
(c) City or town Blue Jacket  
(If outside city or town limits, write "RURAL")  
(d) Street No. (Main part of town)  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Edward Lee Harper

(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced  
(b) Name of husband or wife Nancy E. Harper 6. (c) Age of husband or wife if alive Second years  
7. Birth date of deceased April 7 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Clair Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business Blacksmith

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Russell Bryant  
(b) Address Red Gap, Mo.

17. (a) Burial (b) Date thereof May 13 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel

18. (a) Signature of funeral director Cruik & Blue  
(b) Address Bellevue Mo.

19. (a) May 12 1945 (b) Alice Palen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1945 hour 6 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 10 1945 to May 11 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral epilepsy

Due to arteriosclerosis

Due to \_\_\_\_\_

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

Major findings: Of operations (30) Of autopsy \_\_\_\_\_

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 D. McCraw (M. D. of \_\_\_\_\_) Address Bellevue Mo. Date signed 5/12/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1294

RECEIVED

District Health

Officer No. 71

District File Number

9-43-289

Date Filed

6-14-45

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

*Willard P. Erwin*

Licensed Embalmer No.

3092

P. O. Address

*Baltimore, MD*

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.