

STANDARD CERTIFICATE OF DEATH

27943

State File No.

Registrar's No.

50

Registration District No. 210

Primary Registration District No. 5768

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

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Rural Harrison Twp**
(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)
In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer**
(c) City or town **R. F. D. Cainsville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Harrison Twp. Mercer Co., Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19th**
year **1945** hour **6** minute **--P** M.
21. I hereby certify that I attended the deceased from **July 12**
19**45**, to **July 19** 19**45**;
that I last saw him alive on **July 19** 19**45**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hemorrhage of Brain

Duration

Due to _____

Due to _____

Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy **None**

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) (a) Means of injury _____

23. Signature **D. S. Duff** (M. D. or R. N.)
Address **Cainsville, Missouri** Date signed **7/20/45**

3. (a) PRINT FULL NAME **Edward Harper**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Ethel L. Harper** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **December 21 1866**
(Month) (Day) (Year)

8. AGE: Years **78** Months **6** Days **27** If less than one day
hr. _____ min. _____

9. Birthplace **Fulton Co., Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

12. Name **James A. Harper**

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

14. Maiden name **Mary E. Ball**

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

16. (a) Informant **Ethel L. Harper**

(b) Address **Cainsville, Mo.**

17. (a) **Burial** (b) Date thereof **July 22 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zoar Cemetery**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Cainsville, Missouri**

19. (a) **8-6-45** (b) **Even Martin**
(Date received local registrar) (Registrar's signature)

1361

STATEMENT BY LICENSED EMBALMER

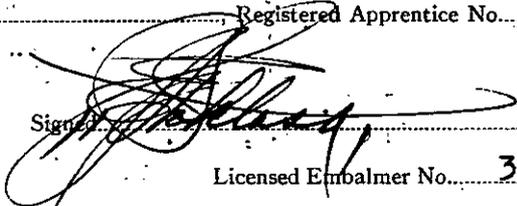
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Eddie J. Stoklasa

Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3602**

P. O. Address **Cainsville, Missouri**

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.