DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43576

JAN 15 1940

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 363

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 833 So. Logan (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: not (Specify whether
In this community: years, months or days) 6/6

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits, write "RURAL")
(d) Street No. 833 South Logan (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Charlotte Harvey
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: do not know
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 3 (Day) 1892 (Year)
8. AGE: Years 47 Months 5 Days 3 If less than one day hr. min.
9. Birthplace: Coin (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: House work
11. Industry or business:
FATHER 12. Name: no record
FATHER 13. Birthplace: no record (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: no record
MOTHER 15. Birthplace: no record (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: L. P. Woods
(b) Address: St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-8-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence Mo
19. (a) 12-8-39 (Date received local registrar) (b) R. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 6 year: 1939 hour: 2 minute: 15 P. M.

21. I hereby certify that I attended the deceased from July 13, 1939, to Dec. 5, 1939, that I last saw h. (e) alive on December 5, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Uterus (cervix)	Dont know
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: F. A. Underwood (M. D. or other)
Address: 104 1/2 W Maple Date signed: 12/8/39
Indep Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 Raymond Martin, Registered Apprentice No. 199 working under my personal supervision.

Signed Marion L. Stei

Licensed Embalmer No. 3156

P. O. Address Independence, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.