DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7779

Registration District No. 689

Primary Registration District No. 2022

Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 330 North "E"
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 330 N. "E"
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Margaret Harvey
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John Harvey
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: 10 (Month) - 11 (Day) - 1872 (Year)

8. AGE: Years 67 | Months 4 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace: Frankfort (City, town, or county) Ky (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: George Hawkins
13. Birthplace: Frankfort Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Parmelia Lawrence
15. Birthplace: Franford Ky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs Jim Elder
(b) Address: Louisiana Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Bowenvaro
18. (a) Signature of funeral director: J. Haley
(b) Address: Louisiana Mo
19. (a) 2-26-40 (Date received local registrar) (b) J. Haley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 26 year 1940 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1940, to Feb. 26, 1940, and that I last saw her alive on February 25, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Bronchiectasis
Due to:
Due to: 10 yrs
Other conditions (Include pregnancy within 3 months of death): —
Major findings: Of operations: None
Of autopsy: None

Duration

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): None
(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: [illegible] (M. D. or other) M.D.
Address: Louisiana Mo Date signed: 2/26/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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RECEIVED

District Health Officer No. 10

District File Number 3-40-504

Date Filed MAR 5 1940

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 George O. Wagner, Registered Apprentice No.....,

working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.