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FILED JUL 15 1940
718

Registration District No. 718

Primary Registration District No. 6430

Registrar's No. 34

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years 6 mo 10
years, months or days

8. (a) PRINT FULL NAME James Jackson Harvey

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 26 1906
(Month) (Day) (Year)

8. AGE: Years 33 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Vici, Dewey Co. Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Smelter (Lead)

12. Name Roger Kay Harvey

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

14. Maiden name Mary Crook

15. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Dickett

(b) Address Unionville Mo

17. (a) burial (b) Date thereof June 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North on Iowa

18. (a) Signature of funeral director 115

(b) Address Unionville Mo. 1075

19. June 19 1940 (b) J. W. Gillman
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 10 1940 to June 18 1940
that I last saw him alive on July 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death osteoarthritis
chronic arteriosclerosis Duration 7 y 6

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Gillman (M. D. or other) 30
Address Unionville Mo Date signed June 19

RECEIVED

District Health Officer No. 10

District File Number 0-42-1343

Date Filed III 8 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.....

....., 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 the above constitutes grounds for revocation of license.)

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