

NOV 20 1940

Registration District No. **089**

Primary Registration District No. **3033**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County Pike  
(b) City or town Louisiana Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days THAS

3. (a) PRINT FULL NAME Wm. Harvey  
8. (b) If veteran, name war no. 8. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Patricia (c) Age of husband or wife if alive \_\_\_\_\_ years  
Harvey \_\_\_\_\_ years  
7. Birth date of deceased Jan 30 - 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 8 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business farm

**MOTHER FATHER**  
12. Name William Harvey  
13. Birthplace Callaway Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosa Austin  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant's name and signature Wm Harvey  
(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof Oct 23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Reveries Cem Co. Mo.

18. (a) Signature of funeral director W. Haley Jr  
(b) Address Louisiana Mo.

19. (a) Oct 21/40 (b) W. Haley Jr  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Pike  
(c) City or town Louisiana Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 700 Iowa St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 21  
year 1940 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from October 11, 1940, to October 21, 1940;  
and that death occurred on the date and hour stated above, that I last saw him alive on October 11, 1940;

Immediate cause of death Chronic myocarditis Duration 6 months  
Bowel obstruction at rectosigmoid  
Due to junction from enlarged prostate 3 years  
Chronic nephritis 5 years

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 191

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 Ernest Pitts V, M.D. (M. D. certificate) 1940  
Address 4th and Georgia, Louisiana, Mo Date signed 10/21/40

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.

RECEIVED

District Health Officer No. 10

District File No. 11-40-2069

Date Filed

NOV 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, ~~only~~.....

George O. Hagner, Registered Apprentice No. ....  
~~working under my personal supervision.~~

Signed

George O. Hagner

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.