

DEC 18 1940
Registration District No. **250**

Primary Registration District No. **5348**

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

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Miles East Gallatin, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 Year
years, months or days)

3. (a) PRINT FULL NAME Mit Lewis Harvey

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 Beatrice Harvey
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 12 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Bethany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Jerry Harvey
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Botkins
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. L. Harvey
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 11-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hampton, Mo.

18. (a) Signature of funeral director Hope Funeral Co.
(b) Address Gallatin, Missouri

19. (a) 11-20-40 (b) H. J. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Union Township
(If outside city or town limit, write "RURAL")
(d) Street No. 4 Miles East Gallatin, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-18-40
_____, 19____, to 11-18-40, 19____
that I last saw him alive on 11-18-40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
& thrombosis Duration _____

Due to Essential hypertension
prostatic hypertrophy
Due to _____

Other conditions 9442
(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 H. W. Bailey (M. D. or other) MD
Address Gallatin, Mo. Date signed 11/20/40

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

L. O. Richesson

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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.