

Rev. 5-17-39
I 108511

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.

Registration District No. **79**

Primary Registration District No. **4047**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **BOONE**

(b) City or town **STURGEON**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether)

In this community **ALL OF LIFE**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BOONE**

(c) City or town **STURGEON**
(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.

3. (a) PRINT FULL NAME **HARRIETT HARVEY**

3. (b) If veteran, name war **L**

3. (c) Social Security No. **L**

4. Sex **FEMALE** 5. Color or race **BLACK**

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 **MARCH - 11 - 1875**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March**, day **25**, year **1941** hour **2** minute **9** M.

21. I hereby certify that I attended the deceased from **Mar 15** 19**37**, to **3-25** 19**41**;

that I last saw her alive on **March 25**, 19**41**; and that death occurred on the date and hour stated above.

8. AGE: Years **66** Months **0** Days **14** If less than one day hr. _____ min. _____

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

10. Usual occupation **HOUSEKEEPER**

Immediate cause of death **Diabetes Mellitus** Duration _____
had disease about 4 yrs

Due to **61**

Due to **Diabetes Mellitus**
in 1939-40

Other conditions **above**
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name **LOUIS HARVEY**

13. Birthplace **Mo. A**
(City, town, or county) (State or foreign country)

14. Maiden name **ELEN BRAXTON**

15. Birthplace **Mo. A**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: Of operations **None**

Of autopsy **No**

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature **Mrs. Walter Hayes**

(b) Address **Sturgeon, Mo.**

17. (a) **BURIAL** (b) Date thereof **Mar. 27-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. PISGAH**

18. (a) Signature of funeral director **Barnes & Root**

(b) Address **Sturgeon, Mo.**

19. (a) **Mar. 26-1941** (b) **R. Root**
(Date received local registrar) (Registrar's signature)

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 _____

28. Signature **W. A. ...** (M. D. or other)

Address **Sturgeon, Mo.** Date signed **3-25-41**

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..... *A. E. Booth*.....
Licensed Embalmer No. *4087*.....
P. O. Address *Sturgeon, 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.