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

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13496

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1477

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 Months (Specify whether

In this community 20 Years; years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town KansasCity (If outside city or town limits, write "RURAL") 3

(d) Street No. 627 W. 69th Street Terrace (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? -- 0 years.

3. (a) PRINT FULL NAME Mrs. Lillian Harvey

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Richard Abbott Harvey

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased October (Month) 3 (Day) 1870 (Year)

8. AGE: Years 70 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Ohiowa (City, town, or county) Nebraska 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

FATHER
12. Name Alfred F. Clemons
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown Babcock
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mr. Howard Harvey

(b) Address 627 West 69th Street Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Missouri

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 14 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1941 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 11 - 1941, to Apr 13, 1941 that I last saw her alive on Apr 13th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Fistula of small intestine with pancreatic digestion — Duration 13 wks

Due to Post operation adhesions with intestinal obstruction

Due to

Other conditions (Include pregnancy within 3 months of death) 172 B

Major findings: Of operations Post operation adhesions (old) with intestinal obstruction

Of autopsy as noted under cause of death

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 J. E. Castles (M. D. or other) 0

Address 1002 Argyle Bldg Date signed 4-13-41

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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, fact should be so stated above.