No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17108

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1770

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: 2632 Agnes. (If not in hospital or institution, write street number or location)

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

In this community 50 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jackson. 48

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

(d) Street No. 2632 Agnes. (If rural, give location) 8

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

3. (a) PRINT FULL NAME Miss Clara C. Harvey.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased July (Month) 22nd (Day) 1872 (Year)

8. AGE: Years 68 Months 9 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired Musician.

11. Industry or business x

FATHER
12. Name John W. Harvey.
13. Birthplace / Pennsylvania. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Sheldon.
15. Birthplace / Indiana. (City, town, or county) (State or foreign country)

16. (a) Informant W. S. Harvey.

(b) Address 2632 Agnes. Kansas City, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery.

18. (a) Signature of funeral director Stine & McClure.

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 5, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th. year 1941 hour 7:35 minute A. M.

21. I hereby certify that I attended the deceased from April 11, 1941, to May 4, 1941, that I last saw her alive on May 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage — Duration 1 mon

Due to Hypertension — 1 2

Due to

Other conditions Prolapse of rectum (Include pregnancy within 3 months of death) many years

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 Herbert Walentine (M. D. or other) O

Address 1124 Professional Bldg Date signed 5/4/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Valentine
Prof. Bldg
Vil - 1938
Anytime till 12

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 Willis H. Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.