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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21037

State File No. 21037

Registration District No. 4 | Primary Registration District No. 6232 | Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Audrain
(b) City or town: Rural Cuivre Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles south east of Laddonia, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Home (Specify whether)
In this community: 22 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Audrain
(c) City or town: Rural Cuivre Twp
(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: WILLIAM HIRAM HARVEY
3. (b) If veteran, name war: —
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: Etta Ethel Harvey
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: June (Month) 16 (Day) 1876 (Year)

8. AGE: Years 65 | Months 0 | Days 4 | If less than one day: ____ hr. ____ min.

9. Birthplace: Calloway Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: "
MOTHER FATHER
12. Name: Geo Harvey
13. Birthplace: Calloway Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Lucretia Hickerson
15. Birthplace: Calloway Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs Howard Knipfel
(b) Address: Louisiana Mo.
17. (a) Burial (cremation or removal) (b) Date thereof: June 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Laddonia Mo.
18. (a) Signature of funeral director: W. J. Granger
(b) Address: Laddonia Mo.
19. (a) June 22 '41 (Date received local registrar) (b) R. Lee Alford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1941 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 11, 1941 to June 20, 1941 that I last saw him alive on June 20, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	2-Months
Due to: Lobar Pneumonia	9-Days
Due to:	
Other conditions (Include pregnancy within 3 months of death): Burn on right limb, accident, chicken house burned	2-Months

Major findings: Of operations: and he was fighting fire
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): accident
(b) Date of occurrence: June 20
(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: W K McCall (M. D. or other)
Address: Laddonia Mo. Date signed: 6-21-41

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1941

RECEIVED
District Health Officer No. 10
District File Number 6-41-1212
Date Filed JUN 27 1941

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 H. G. Grainger, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Laddonia, Mo

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

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