

FILED OCT 28 1941
556

Registration District No. 556

Primary Registration District No. 4328

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Wm Harry Harvey
3. (b) If veteran, name war _____
3. (c) Social Security No. 496-07-5615

4. Sex M 5. Color or race W 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 Sept 16, 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 17 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Harvey
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Cray
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Harvey

(b) Address Princeton Mo

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

(c) Place: burial or cremation maple home

18. (a) Signature of funeral director Green Funeral Home

(b) Address Princeton Mo

19. (a) 10/6-41 (b) J M Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
(c) City or town Princeton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Oak St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 3 day _____
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____, to _____ 19 _____;
that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to injuries resulting from car accident
Due to _____
Other conditions _____
(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) Auto Accident

(b) Date of occurrence Oct 3 1941

(c) Where did injury occur Princeton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway Accident

While at work? Yes (Specify type of place)
(e) Means of injury _____

23. Signature J. L. Dickinson
(Name) (Address)

Address Princeton Mo Date signed 10/3/41

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

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1
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NOV 13 1941

B. CK 1215

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: *Charles D. Spina*
Licensed Embalmer No. 3109

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35519
State File No. _____
Registrar's No. _____

556
Registration District No. _____
Primary Registration District No. 4328

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town St. Louis
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Harry Hamey
(b) If veteran, name war _____ (c) Social Security No. 49607-5015

20. DATE OF DEATH, Month 10, Day 3, Year 1941
21. I hereby certify that I attended the deceased from _____
_____ 19____; _____ 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years _____ hrs. _____ min.

7. Birth date of deceased Sept 16, 1920
(Month) (Day) (Year)

8. AGE: Years 21 Months _____ Days _____
(If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 10, Day 3, Year 1941
21. I hereby certify that I attended the deceased from _____
_____ 19____; _____ 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

SUPPLEMENTARY
Injuries resulting from car accident. Car overturned while going at great speed, he was thrown from car on to highway, being crushed and mangled, died instantly.
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations no operations
Of autopsy none
170 e-6
25

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 Oct 3 - 1941
(c) Where did injury occur? South Lincolnton, Missouri, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. L. Wickman Coroner
(M. D. or other) _____

Address Brincerton, Mo. Date signed 10-2-41

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

S-35519