

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis Mo**
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days** (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence** **053**
(c) City or town **Aurora** **N.R.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**
year **1942** hour **3:45** minute _____ A. M.
21. I hereby certify that I attended the deceased from **Feb**
23 19**42** to **Mar** **7** 19**42**
that I last saw him alive on **Mar** **7** 19**42**
and that death occurred on the date and hour stated above.
Immediate cause of death **Acidosis** Duration _____

3. (a) PRINT FULL NAME **Harvey Willard Harcourt.**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Lillie H.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 18 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **8** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Cowley Co. Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Marion Harcourt**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Dement**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **O. Pierre Harcourt**
(b) Address **East St. Louis, Ill.**
17. (a) **Removal** (b) Date thereof **3-9-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Aurora, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**
19. (a) **MAR 9 1942** **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

Due to **Ruptured duodenum by ulcer - Septemic shock**
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: **Septemic shock** PHYSICIAN _____
Of operations _____
Of autopsy **as above** Underline the cause to which death should be charged statistically.

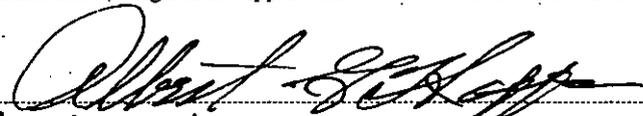
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **F.R. Bradley** (M. D. or other) _____
Address **BARNES HOSPITAL** Date signed _____

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

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.....



Licensed Embalmer No..... 2971

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.