

FILED APR 17 1942
Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Childrens Hospital
(If not in hospital or institution, write street number or location) **0**
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME **James William Harvey**
 3. (b) If veteran, name war.....
 3. (c) Social Security No. **1**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced..... **0**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **Aug 1 1941**
(Month) (Day) (Year)

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

9. Birthplace **Denison Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
 12. Name **Richard T. Harvey**
 13. Birthplace **Canada**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sallie Medell**
 15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Richard Harvey**
 (b) Address **Denison Texas**

17. (a) **Removal** (b) Date thereof **4-10-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Kansas City Mo.**

18. (a) Signature of funeral director **Drehmann-Harral**
 (b) Address **1905 Union Blvd.**

19. (a) **APR 9 1942** (b) **J. F. Brubaker**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County.....
 (c) City or town **Denison** **99**
(If outside city or town limits, write "RURAL") **NR 41**
 (d) Street No. **205 Gandy Ave**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **9**
 year **1942** hour **9** minute **30 A.** M.

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

Immediate cause of death.....
Bronchopneumonia
?? Cystic Fibrosis ? Pancreas
Staph. aureus?
 Due to.....
 Due to..... **1/18**
 Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy **Bronchopneumonia**
Bilateral

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)
 (c) Means of injury..... **0**
 23. Signature **R. J. Blucher** (M. D. or other) **0**
 Address **500 So. Kuyper** Date signed.....

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 *Warren Q. Carver*
Carver

Licensed Embalmer No. *3534*

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.