

APR 17 1942

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days, 0
(Specify whether)

In this community 13 years,
years, months or days

3. (a) PRINT FULL NAME Roy Jacob Harvey,

3. (b) If veteran, name war None,

3. (c) Social Security No. 491-09-9748

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Agnes Ellen Harvey,

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased August 31st, 1906
(Month) (Day) (Year)

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

35 7 8 hr. min.

9. Birthplace Andrew County, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Second Class Machinist, Package Dept

11. Industry or business Quaker Oats Co.

MOTHER FATHER {

12. Name Jacob Andrew Harvey,

13. Birthplace Andrew County, Missouri, 0
(City, town, or county) (State or foreign country)

14. Maiden name Priscilla Eisiminger,

15. Birthplace Andrew County, Missouri, 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roy J. Harvey

(b) Address 1708 South 33rd. Street,

17. (a) Burial (b) Date thereof 4 11 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Memo. Presb. Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 319 So. 10th Street, Home

19. (a) 4-10-42 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan, 011

(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")

(d) Street No. 1708 South 33rd. Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th.
year 1942 hour 9:00 minute 40am.

21. I hereby certify that I attended the deceased from Mar 16, 1942 to Apr 9, 1942
that I last saw him alive on Apr 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Roshternal Endocarditis 2 mos.
Positive Strept. blood
Culture.

Due to Acute Scurvy Jan 23 8
Feb. 24,

Other conditions [Blank]
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9/1a

Of autopsy yes.

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? _____

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

23. Signature [Signature] (M. D. or other) _____

Address 722 Franklin St Date signed 7-10-42

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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 4-9-42

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 2950 W. 1st St. St. Joseph, Mo.

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.