S. No. 2
I—1-4-41
. 5-17-39
P1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 19[illegible]

Registration District No. 815

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3039

State File No. 15830

Registrar's No. 94

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada R.I.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, Nevada Mo.
(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 Vernon
(c) City or town Schell City
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ANNA HARVEY
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife William Harvey
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased July (Month) 4 (Day) 1872 (Year)

8. AGE: Years 69 | Months 9 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Upton Town (City, town, or county) Ky. 1 (State or foreign country)
10. Usual occupation House wife
11. Industry or business .....
FATHER
12. Name Ed ~~[illegible]~~ Whalen
13. Birthplace Dublin (City, town, or county) IRELAND (State or foreign country)
MOTHER
14. Maiden name MARY HAIRE
15. Birthplace HARDIN Co. ~~[illegible]~~ Ky 1 (City, town, or county) (State or foreign country)
16. (a) Informant Rose Graham
(b) Address Schell City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Schell City Mo
18. (a) Signature of funeral director Ouwaggoner
(b) Address Harwood Mo.
19. (a) 4-19-42 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 17th year 1942 hour 10.00 minute 45 A.M.
21. I hereby certify that I attended the deceased from Apr. 16, 1942 to Apr. 17, 1942 that I last saw her alive on Apr. 17, 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial heart failure
Due to Strangulated right femoral hernia
Due to .....
Other conditions 122a
(Include pregnancy within 3 months of death)
Major findings: Of operation Gangrene of 4 inches of small intestine
Of autopsy .....

Duration ?

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature E R King (M. D. ~~or other~~)
Address Nevada, Mo Date signed 4-19-42

1231

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1942

RECEIVED

Distr... with Officer No. 7

Distr... number 5-42-460

Date Filed 5-11-42

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 [illegible]

Licensed Embalmer No. 2709

P. O. Address Harwood 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.