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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2525

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

1. PLACE OF DEATH

(a) County Jackson

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

(c) Name of hospital or institution: 1131 Pacific Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether

In this community Don't know (years, months or days) unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town 48 (If outside city or town limits, write "RURAL") 3

(d) Street No. 1131 PACIFIC 8 (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME BELL HOLLOWAY HARVEY

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex FE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced Don't know

6. (b) Name of husband or wife .....

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

7. Birth date of deceased FEB (Month) 11 (Day) 1883 (Year)

8. AGE: Years 59 Months 4 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Domestic

11. Industry or business .....

FATHER
12. Name MILTON FRYE
13. Birthplace MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name VIRGINIA JENKINS
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant FRANK FRYE

(b) Address 304 BROADWAY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn KC Mo

18. (a) Signature of funeral director Flynn & Greenstreet

(b) Address 1819 E. 15th St.

19. (a) 7-3-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27 year 1942 hour 1 minute P. M.

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

Immediate cause of death Coronary occlusion (sclerotic) Acute pulmonary edema.

Due to .....

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy see above

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 D

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

Address K.C. Mo. Date signed 6/27/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Edw G Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St NW

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.