

37535

State File No.

FILED DEC 1 0 1942
Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 107

61
203

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(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 Macon
(c) City or town Macon
(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.....

3. (a) PRINT FULL NAME NORA ANN HARVEY

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lyle Harvey 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased July 24 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 5 If less than one day..... hr..... min.

9. Birthplace CULLER ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation Beauty Parlor OP.

11. Industry or business.....
12. Name Frank Stevenson
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Galbeth
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Lyle Harvey
(b) Address Macon Mo.

17. (a) Removal (b) Date thereof Nov. 30 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckhuryville Ill

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon Mo.

19. (a) 12/2/42 (b) Lora B. Buckler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1942 hour 4 minute 18 M.

21. I hereby certify that I attended the deceased from Nov 5 1941 to Nov 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death uterine cancer
Duration 18 mo

Due to.....
Due to.....

Other conditions.....
(Includes pregnancy within 3 months of death)

Major findings: H&A
Of operations.....
Of autopsy.....

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)
(c) Means of injury.....

23. Signature M. J. Conway (M.D. or other)
Address Macon Mo. Date signed 12-2-42

RECEIVED
District Health Officer No. 10
District File Number 12-42-4007
Date Filed Dec - 8, 1944

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 A. Paul Arnold

Licensed Embalmer No. 3463

P. O. Address Mason 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.