

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2240**
Registrar's No. **61A**

FILED FEB 6 1943

Registration District No. **2000**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution: **O' Reilly General Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)

In this community **5 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOHN W. HARVESTON**

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

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **None**

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

7. Birth date of deceased **August 8 1921**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	5	11	hr. min.

9. Birthplace **Augusta, Georgia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician helper**

11. Industry or business **Electrician**

MOTHER FATHER

12. Name **Unknown Harveston**

13. Birthplace **Augusta, Georgia**
(City, town, or county) (State or foreign country)

14. Maiden name **Eva Tyus**

15. Birthplace **Augusta, Georgia**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. D. A. G. O. FOMAS 20 and 24**

(b) Address **Removal**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **Jan. 22, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Augusta, Georgia**

18. (a) Signature of funeral director **Alvin Johnson Funeral Home**

(b) Address **Springfield Mo**

19. (a) **122-43** (Date received local registrar)

(b) **W. J. Handley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Georgia**

(b) County **Richmond**

(c) City or town **Augusta**
(If outside city or town limits, write "RURAL")

(d) Street No. **1958 Broad Street**
(If rural, give location)

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

If yes, name country **2.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **19**
year **1943** hour **6** minute **50** P.M.

21. I hereby certify that I attended the deceased from **January 14, 1943** to **January 19, 1943**
that I last saw him alive on **January 19, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory paralysis**
Duration **20 min.**

Due to **Abscess, acute, brain, frontal lobe, right**
Duration **1 wk.**

Due to **None**

Other conditions **None**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **Osteomyelitis, frontal bone, and Brain abscess, frontal lobe, right**
Of operation **Confirmation of above diagnoses.**

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? _____

23. Signature **Francis W. Handley** (Specify type of place) **Springfield Mo**
Address **O' Reilly General Hospital** (b) Means of injury **None**
Date signed **1/20/43**

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.....

Harlow Knott

Licensed Embalmer No. *4065*

P. O. Address *Springfield, Mo.*

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

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