No. 2
—5-42
5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2349

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 230

42 1 2

1. PLACE OF DEATH:
(a) County Henry (b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 308 N. 3rd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 308 N 3rd St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Thomas Harvey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Harvey
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 6 (Month) 22 (Day) 1864 (Year)

8. AGE: Years 78 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Benton Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John Harvey
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknow 9 (City, town, or county) (State or foreign country)

16. (a) Informant Martha J Harvey
(b) Address Clinton, Mo

17. (a) Burial 1941 (Burial, cremation, or removal) (b) Date thereof 12 16 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director Fred C Wilkinson
(b) Address Clinton Mo

19. (a) Dec 15 1942 (Date received by Registrar) (b) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from December 13, 1942, to Dec 14, 1942 that I last saw h in alive on Dec 13, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Angina Pectoris	

Major findings:
Of operations: G & O
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. R. S. Hallingsworth M. D. or other
Address Clinton Missouri Date signed 12/15/42

1068

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-42-1436
Date Filed 1-14-43

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 Fred D Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.