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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

MAY 10 1943

128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 333

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: 1815 N. LYON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 1/2 HR. 2 MO. 14 DAYS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 1815 N. Lyon
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JOHN HARVEY

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 27 year: 1943 hour: 6 minute: 45 P. M.

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: IDA HARVEY

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: Feb 13 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-14 1943 to 4-27 1943
that I last saw him alive on 4-27 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	2	14	hr. min.

Immediate cause of death: Cardiac-Renal Vascular
Disease

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

10. Usual occupation: Retired Carpenter

Due to: _____

Due to: _____

11. Industry or business: Building

12. Name: Zoe Harbry

13. Birthplace: Unknown Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name: Jane Epperson

15. Birthplace: Unknown Tenn 1
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death) 131a

Major findings: Of operations: _____

Of autopsy: _____

16. (a) Informant: Mrs. Dave Nash

(b) Address: Springfield, Mo.

17. (a) Burial: Green Lawn
(Burial, cremation, or removal) (b) Date thereof: April 29-1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: J. W. Hingner
(b) Address: Springfield, Mo.

19. (a) 4-28-43
(Date received local registrar) (b) J. W. Handley
(Registrar's signature)

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) (Years of injury)

23. Signature: Max J. [unclear] (M. D. or other) MO
Address: Springfield, Mo. Date signed: 4-28-43

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

MOTHER FATHER

984

(Licensed Embalmer's Statement on Reverse Side)

8

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.....

J. Klingner

Licensed Embalmer No. *3358*

P. O. Address.....

Springfield, 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.

X