

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 264

Primary Registration District No. 5891

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Ozark  
(b) City or town Loyal, Bridgetown  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: West of Gainesville, new  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Several years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maggie Olive Harvey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife David A. Harvey 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased August 30 1917 1918  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace unknown (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name R.C. Boston

13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

14. Maiden name Marta Davis

15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Lenna Sullivan

(b) Address Gainesville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Lutal Cemetery

18. (a) Signature of funeral director McClure Funeral Home

(b) Address Gainesville, Missouri

19. (a) April 29 1943 (b) Margaret Hutchison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77  
(c) City or town Gainesville, Rural (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th  
year 1943 hour about 6 A.M. minute A.M.

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

Immediate cause of death This lady was found dead in bed - death caused probably by a stroke or cerebral hemorrhage.  
Due to no physician was called

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Margaret Hutchison Local Registrar  
Address Gainesville Mo (M. D. or other) \_\_\_\_\_  
Date signed 4-28-43

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

RECEIVED

District Health Officer No. 6,

District File Number 543-609

Date Filed MAY 14 1943

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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

*Lawrence R. Hall*

Licensed Embalmer No.

*2784*

P. O. Address

*Geneville, 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.**