S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Harwell

State File No.

FILED JAN 15 1943

Registration District No. 13 [illegible]

Primary Registration District No. 3007

Registrar's No. 384

1. PLACE OF DEATH:

(a) County Butler

(b) City or town 67 North Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hi-way 67 North
(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 Missouri (b) County Butler

(c) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Hi-way 67 North
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Jessie Alonzo Harviell

3. (b) If veteran, name war .....

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

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased July 22, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation Curtis Wright Mfg. Co.

11. Industry or business .....

FATHER
12. Name Tom Harviell
13. Birthplace Arcadia, Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary R. Rushin
15. Birthplace — Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lou Potts
(b) Address Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff Missouri

19. (a) 12-31-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1943 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 14, 1943, to Dec 29, 1943
that I last saw ~~him~~ alive on Dec 23, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	15 days
Due to Myocarditis	(?)
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 J. Lee Harwell (M. D. or other)

Address Poplar Bluff Mo Date signed 1/29/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 144-84
Date Filed 1-10-44

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 George Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.