

FILED JAN 10 1944

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution:
1407 W. Allen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Clinton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 407 W. Allen
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE HARPER HARVEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Aug 5 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER {
12. Name James Harvey
13. Birthplace Adair Mo
(City, town, county) (State or foreign country)
14. Maiden name Sally Botguy
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cora Harvey
(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consuelo R. ...
(b) Address Clinton Mo

19. (a) December 27 1943 (Date received local registrar) Georgia Ritches (Registrar's signature) S.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1943 hour 2 minute A M.
21. I hereby certify that I attended the deceased from 7-11 1943 to 12-24 1943
that I last saw him alive on 12-24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration ?
Due to Arteriosclerosis ?
Due to _____
Other conditions (Include pregnancy within 3 months of death) 938
Major findings: Of operations _____
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?
While at work _____ (Specify type of place) Means of injury _____
23. Signature Engelwood Nevills (M. D. or other) MD
Address Clinton Mo Date signed 12-27-43

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

RECEIVED

District Health Officer No. 7,

District File Number 12-43-1439

Date Filed 1-8-44

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

J. E. Consalve

Licensed Embalmer No. 1891

P. O. Address. *Clinton, Me*

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.