

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

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town STURGEON-RURAL-BOURBON
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL OF LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

ALBERT HARVEY

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex MALE 5. Color or Race black 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNIE HARVEY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 9 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Labourer

11. Industry or business _____

12. Name Louis Harvey

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

14. Maiden name Ellen Braxton

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

16. (a) Informant Mrs. Walter Hayes

(b) Address Sturgeon, Mo.

17. (a) BURIAL (b) Date thereof 3-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STURGEON CEM

18. (a) Signature of funeral director Barnes & Brothers

(b) Address Sturgeon, Mo.

19. (a) 3-17-44 (b) Mary Montgomery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1944 hour _____ minute _____ 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 _____

Heart Attack

Due to Corony Occlusion

Due to _____

Other conditions (Include pregnancy within 3 months of death) gpa

Major findings: Of operations _____

Of autopsy (none)

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) (e) Means of injury car

23. Signature Walter Hayes (M. Director)

Address Sturgeon, Mo. Date signed 3/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

R.E. Boothe

Licensed Embalmer No. *4087*

P. O. Address. *Sturgeon, 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.