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2-43
7-39
X35387

FILED JUN 8 1944

State File No. _____

Registration District No. 23

Primary Registration District No. 3010

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Southeast Mo Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 415 No Louisiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Doc H. Harvey

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-05-5265

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lurina Harvey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 14 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hotel clerk

11. Industry or business

MOTHER FATHER { 12. Name Joe W. Harvey
13. Birthplace Wickabury Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary L Adams
15. Birthplace Thomaston Ga
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. E. Richey
(b) Address Detroit Mich

17. (a) Burial (b) Date thereof May 7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walthers Und. Co

(b) Address Cape Girardeau Mo

19. (a) 5-8-44 (b) Will Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1944 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 3 1944, to May 5 1944, that I last saw him alive on May 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Arterio-sclerosis & super effort

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 9/4/44
Of autopsy _____

Duration _____
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) (e) Means of injury _____

23. Signature Carl W. Immensen (M. D. or other) _____
Address Cape Girardeau, Mo Date signed May 7/44

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

1074

RECEIVED

District Health Officer No. 4

District File Number 644-39

6-7-44

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.