

FILED SEP 13 1944

Registration District No. ....

Primary Registration District No. 4289

Registrar's No. 60

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

45  
3  
0

1. PLACE OF DEATH:

(a) County Howard

(b) City or town New Franklin Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(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  
years, months or days) 34 year

3. (a) PRINT FULL NAME JAMES BEVERLEY HARVEY

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

7. Birth date of deceased: January 22-1873  
(Month) (Day) (Year)

8. (b) Name of husband or wife: Etta Ethel Gray Harvey 6. (c) Age of husband or wife if alive 62 years

8. AGE: Years 71 Months 6 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Montgomery Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. locomotive fireman

11. Industry or business M.K.S. R.R. Co.

MOTHER FATHER

12. Name John Robert Harvey

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

14. Maiden name Lucy Ann Brandenburg

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

16. (a) Informant Etta E. Harvey

(b) Address New Franklin Mo

17. (a) Burial (b) Date thereof 8-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director C. S. Nunnean

(b) Address New Franklin Mo

19. (a) 8-22-1944 (b) C. S. Nunnean  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard <sup>45</sup>

(c) City or town New Franklin Mo <sup>3</sup>  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20  
year 1944 hour 8 minute 45 PM

21. I hereby certify that I attended the deceased from aug 17, 1944 to aug 20, 1944  
that I last saw him alive on aug 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes about 8 years  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations none

Of autopsy none

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 5

23. Signature G. J. Chamberlain (M. D. or other)

Address New Franklin Mo Date signed 8-21-44

1521

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

9-12-47

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. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.