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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38027**

FILED DEC 11 1944
Registration District No. **1944**

Primary Registration District No. **5587**

Registrar's No. **253**

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

900

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural Preston**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mile south east Jasper Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **75 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 mile south east Jasper, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Amos Marion Harvey**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Martha E. Harvey** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **March 7th. 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 8 18 hr. min.

9. Birthplace **South English Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farmer**

12. Name **William Harvey**

13. Birthplace **Clermont Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Wine**

15. Birthplace **Rockingham Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Harvey**

(b) Address **Jasper Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 25th. 44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Paradise Cem.**

18. (a) Signature of funeral director **Chas. J. Teeter**

(b) Address **Jasper, Mo.**

19. (a) **Nov. 28 '44** (b) **Elizabeth Coplin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **25th.**
year **1944** hour **11** minute **P-** M.
21. I hereby certify that I attended the deceased from
saw him after death only. 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 block**

Duration

Due to _____

Due to _____

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

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) (e) Means of injury _____

23. Signature **W. H. Knott** (M. D. or other) **MD.**

Address **Jasper, Mo.** Date signed **11-27-44**

44-12-971

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. 391
working under my personal supervision.

Signed Emmal Kneel

Licensed Embalmer No. 391

P. O. Address Carthage

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.