S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5442

Primary Registration District No. 5017

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Andrew Nodaway Twp

(b) City or town near Savannah
(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
In this community 79 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town near Savannah
(If outside city or town limits, write "RURAL")

(d) Street No. Nodaway Twp.
(If rural, give location)

(e) Citizen of foreign country? 0 (~~Yes~~ or No)

If yes, name country .....

3. (a) PRINT FULL NAME David William Harvey

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Sarah Harvey 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb (Month) 27 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	10	26	hr. min.

9. Birthplace Savannah (City, town, or county) mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Richard Jacobs Harvey
13. Birthplace un Known (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Margrete Abbott
15. Birthplace un Known (City, town, or county) Ind (State or foreign country)

16. (a) Informant Mrs Sarah Harvey
(b) Address Savannah mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 1-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah mo

19. (a) 1-25-45 (Date received local registrar) (b) F.H. Fritchman (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 1 day 23
year 1945 hour 10 minute 10 p. M.

21. I hereby certify that I attended the deceased from 1942, 19 , to Jan. 10, 1945
that I last saw him alive on Jan. 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	Instant
Due to Hardened Arteries Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

94A

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Walter C. Myers (M. D. or other)
Address Savannah Mo Date signed Jan 25 45

1072

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Jacamah 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.