

FILED JUN 11 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2313

1. PLACE OF DEATH:

(a) County Jacks on
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3033 Vanbrunt
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred C. Harvey

3. (b) If veteran, name war None
3. (c) Social Security 496-16-2058

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mellie C. Harvey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 12 - 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Seaman

12. Name William Harvey

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

14. Maiden name Houch

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

16. (a) Informant W. Lyle Harvey

17. (a) Burial (b) Date thereof 5-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Melody Mc Kelly
(b) Address R. C. Mo

19. (a) 5-29-45 (b) Stardine Helms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 28 day
year 1945 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 25 45 to May 28 45
that I last saw him alive on May 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac decompensation

Due to _____

Due to _____

Other conditions 9502
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature Clark W Lyle M.D. (M. D. or other) _____
Address Med. Dir. K.C. General Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8200

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..... *Russell N France*

Licensed Embalmer No. *4255 -*

P. O. Address..... *K. C. 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.