V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41663

Registration District No. 176 Primary Registration District No. 5-652 Registrar's No. 12

55 0 0

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Miller R. R. Green (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — (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)
In this community Native

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town R. R. (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

3. (a) PRINT FULL NAME Sterling Range Harvey
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Ida Salvage Harvey
6. (c) Age of ~~husband or~~ wife if alive 77 years
7. Birth date of deceased 1 (Month) – 23 (Day) – 1862 (Year)

8. AGE: Years 83 | Months 9 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Jasper Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name M. O. Harvey
13. Birthplace Va. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Lafever
15. Birthplace N. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Sterling Harvey Jr.
(b) Address Miller Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cross Roads
18. (a) Signature of funeral director Morris Lemon
(b) Address Miller Mo.
19. (a) 11-12-45 (Date received local registrar) (b) W. B. Beeney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year 1945 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from Oct. 13, 1945, to Oct. 17, 1945 that I last saw him alive on Oct 17 – 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Interstitial nephritis — 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. D. Holmes (M. D. or Coroner)
Address Miller Mo Date signed 11-9-45

1534 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1245-1165
Date Filed 12-18-45

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 G. R. Leisman

Licensed Embalmer No. 3297

P. O. Address Milbur 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.