

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2856

FILED JAN 21 1946

State File No. _____

Registration District No. 182

Primary Registration District No. 5574215

Registrar's No. 196

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town BIRMINGHAM OSAGE-TWP
(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 NONE
(Specify whether years, months or days)
In this community 27 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Birmingham Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY MABLE HARVEY

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband JOSEPH T. HARVEY 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased MARCH 7 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 9 9 hr. _____ min.

9. Birthplace WISDOM MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE KEEPER

11. Industry or business _____

12. Name W.T. LOVE

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

14. Maiden name MARTHA WISDOM

15. Birthplace BENTON CO. MO
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph T. Harvey
(b) Address Birmingham Mo. 15041

17. (a) Burial (b) Date thereof 12-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopple Creek Cem

18. (a) Signature of funeral director W. T. Love
(b) Address Clinton Mo

19. (a) 12-17-45 (b) R. P. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1945 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from July
1944 to July 17 1945

that I last saw her alive on Nov 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid
Duration _____

Due to Metastasis to pelvic bones & uterus & bladder
Due to _____

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

Major findings: Of operations 2/6/45
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 Geo S. Keith (M.D. or other) 12/16
Address Clinton Mo Date signed Dec 16

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

12-45-1258

1-15-46

Date

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 *W. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton*

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.