

No. 2  
2-43  
-17-39  
X35857

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5243

FILED MAR 11 1946  
28

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 137

1. PLACE OF DEATH: **CRUISE**

(a) County **Springfield**

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Springfield Baptist Hospital**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 dw.**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Lawrence** <sup>55</sup>

(c) City or town **Miller Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Gladys Maureen Harvey**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **7**  
year **1946** hour **5** minute **10 P.M.**

4. Sex **Female** 5. Color or race **whr**

6. (a) Single, widowed, married, divorced **married**

(b) Name of husband or wife **Sterling Henry Harvey**

6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **Feb. 10, 1913**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **26 Feb** to **27 Feb** 19**46**

that I last saw him alive on **27 Feb** 19**46**

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>32</b>	<b>11</b>	<b>27</b>	hr. min.

Immediate cause of death **Pulmonary embolism**

Due to **arteriosclerosis**

Due to \_\_\_\_\_

9. Birthplace **Lawrence Co Mo. 1**  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **HTA**

10. Usual occupation **Wife**

11. Industry or business \_\_\_\_\_

12. Name **Walter Robinson Swope**

13. Birthplace **Lawrence Co Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lola Stutzman**

15. Birthplace **Asper Co Mo**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy **L**

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

(b) Address **Miller Mo**

17. (a) **Removal** (b) Date thereof **2-7-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Grace Point Cemetery Lawrence Co Mo**

18. (a) Signature of funeral director **Morris Remon**

(b) Address **Miller Mo**

19. (a) **2-7-46** (b) **W. H. Hagedorn**  
(Date received local registrar) (Registrar's signature)

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 a about home, in farm, in industrial place, in public place? **Industrial**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury **✓**

23. Signature **G. C. [unclear]** (M. D. or other) \_\_\_\_\_

Address **Springfield Mo** Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

4240

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**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.....

*John B. Luman*

Licensed Embalmer No. ....

*3297*

P. O. Address.....

*Miller 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.**