

S. No. 2  
OM-2-43  
v. 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16998

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

FILED MAY 22 1946  
Registration District No. 36

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Frisco R.R. Crossing, 14th & Main St.  
(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 3 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1711 Wall Street  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

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

3. (a) PRINT FULL NAME MRS. LELA DENTON HARVEY

3. (b) If veteran, name war none

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife David K. Harvey

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 14, 1894  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>6</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Texas County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Francis L. Denton

13. Birthplace Texas County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Hamby

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

16. (a) Informant David K. Harvey

(b) Address 1711 Wall Street, Joplin, Mo.

17. (a) Rural (b) Date thereof April 28, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Missouri

18. (a) Signature of funeral director Thornhill-Dillon Mort.

(b) Address Joplin, Missouri

19. (a) 4-23-46 (b) Ed James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1946 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death: Head wound from body - Run over by Frisco Freight Train 14th & Main St.

Other conditions 14th & Main St.  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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) Accident 122

(b) Date of occurrence 4/23/46

(c) Where did injury occur? Joplin, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about a home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place)

23. Signature W. D. Derkelt (M. D. or other) \_\_\_\_\_  
Address 214 Joplin Date signed 4/24/46

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

19

15876

46-4-369

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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..... *David Dillon* .....

Licensed Embalmer No. *3898* .....

P. O. Address *Joplin, Missouri* .....

**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.**