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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 10 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24160-46  
State File No. **20893**

Registration District No. 172 Primary Registration District No. 5-5-8 4280 Registrar's No. 28

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

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Stotts City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Bryansport  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)  
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lawrence  
(c) City or town Stotts City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bryansport  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

3. (a) PRINT FULL NAME Edgar Harvey  
(b) If veteran, name war World War I  
(c) Social Security No. 500-14-655

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 19 year 1946 hour 8:30 night 11:45 a. m.  
21. I hereby certify that I attended the deceased from only after death 1946 to 1946  
that I last saw him live on June 19, 1946  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced unknown  
6. (c) Age of husband or wife if alive unborn years

Immediate cause of death Myocardial Failure Duration  
Due to (It was seen about 20 min. after death)  
Due to Death  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy good  
Underline the cause to which death should be charged statistically.

7. Birth date of deceased Oct 18 1892 (Month) (Day) (Year)  
8. AGE: Years 53 Months 8 Days      If less than one day hr. min.  
9. Birthplace Versailles MO (City, town, or county) (State or foreign country)  
10. Usual occupation mail clerk

MOTHER FATHER  
11. Industry or business  
12. Name Frank Harvey  
13. Birthplace Horse Cave Ky (City, town, or county) (State or foreign country)  
14. Maiden name Sela Merritt  
15. Birthplace Versailles Mo (City, town, or county) (State or foreign country)

16. (a) Informant Luther Harvey  
(b) Address Stotts City Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 21 1946 (Month) (Day) (Year)  
(c) Place: burial or cremation Mass Cemetery  
18. (a) Signature of funeral director H. D. Fassetz  
(b) Address Mc. Vernon Mo  
19. (a) 7-1-46 (Date received local registrar) (b) W. S. Buancy (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 or about home, on farm, in industrial place, in public place?  
Where work? (Specify type of place) (e) Means of injury  
23. Signature Benjamin Silverman (M. D. or other) Address North St. Mo Date signed 6/25/46

158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 746-721

Date Filed JUL 9 1946

OCT 18 1946

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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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon M

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.