

No. 2
- 8-43
5-17-39
I X37823

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Highlee
(c) Name of hospital or institution at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community life time years, months or days

3. (a) PRINT FULL NAME WILLIAM - WARREN - HARVEY
(b) If veteran, name war _____
(c) Social Security No. 49015-7998

4. Sex male 5. Color or race Colo
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife none (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 1 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 18
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired miner

11. Industry or business Coal miner

12. Name PIERCE - HARVEY

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

14. Maiden name Mrs. C. A. Bailey

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

16. (a) Informant John. Harvey

(b) Address Highlee

17. (a) Burial (b) Date thereof Jan 20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Sandy Hook

18. (a) Signature of funeral director H.S. Roberts

(b) Address Highlee, mo

19. (a) _____ (b) J. W. Wain
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Randolph
(c) City or town Highlee
(If outside city or town limits, write "RURAL")
(d) Street No. home (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 18
year 1946 hour 6 minute _____ P. M.
21. I hereby certify that I attended the deceased from Jan 10 1946, to Jan 18 1946
that I last saw him alive on Jan 18 1946
and that death occurred on the day and hour stated above.

Immediate cause of death Pulmonary Lobar Pneumonia
Due to _____
Duration 10 days

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 108
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) (c) Means of injury 2
23. Signature P. F. Robinson (M. D. or other) D.O.
Address Highlee, mo Date signed 1-19-46

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 *H S Peterson*.....

Licensed Embalmer No. *3001*.....

P. O. Address *Higbee*.....

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.

Registration District No. 390

Primary Registration District No. 442

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Highland
(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)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME William W. Harney
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex m
 5. Color or race B
 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug (Month) 15 (Day) 1885 (Year)

8. AGE: Years _____ Months _____ Day _____ If less than one day _____ hr. _____ min.
 9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
MOTHER, FATHER
 { 12. Name _____
 { 13. Birthplace _____ (City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director J. H. ...
 (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month _____ Day _____
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

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

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

21183