

FILED SEP 16 1946

Registration District No. 14

Primary Registration District No. 4028

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Liberal
(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 72 years (Specify whether years, months or days)
In this community 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Liberal (If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME MILLARD FILLMORE HARVEY

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cornelia Collins & Alice Crabtree 6. (c) Age of husband or wife if alive February 28 1856 years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 6 8 hr. min.

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

10. Usual occupation Farmer-Retired

11. Industry or business _____

12. Name Abner Harvey

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

14. Maiden name Lizzie Beck

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

16. (a) Informant Walton Harvey

(b) Address Liberal, Missouri

17. (a) Burial (b) Date thereof Sept 9 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosebank Cemetery, Mulberry

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Sept 4 46 (b) W. H. ... (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6 year 1946 hour 12 minute 00 Noon

21. I hereby certify that I attended the deceased from Sept. 1 1946 to Sept. 6 1946

that I last saw him alive on Sept. 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 7 Days

Due to Kidney Nephrosis

Due to Senility

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

Major findings: Of operations 132B

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) None

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature F. R. Bell (M. D. or other)

Address Liberal Date signed 9/7/46

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

MOTHER FATHER

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.....

Carl F. Monantz

Licensed Embalmer No. 2297

P. O. Address Lamar, 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.