

FILED NOV 26 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

87381

State File No. ....

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Stone Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 1/2 hours (Specify whether  
In this community 9 1/2 hours  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 - mile, MO.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Hiram Lester 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 single

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

7. Birth date of deceased. Nov 9 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 9 hr. 30 min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name HIRAM WM. HARVEY

13. Birthplace BUTLER Co. KANSAS  
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Fike

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

16. (a) Informant H. W. Harvey

(b) Address Route 1 - mile, MO

17. (a) burial (b) Date thereof Nov 7 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, MO

19. (a) 11-7-46 (b) H. B. Clinton M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5  
year 1946 hour 9:18 minute P M.

21. I hereby certify that I attended the deceased from  
Nov 5, 1946, to Nov 5, 1946;  
that I last saw him alive on Nov 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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?  
..... (Specify type of place)

While at work? (e) Means of injury SI

23. Signature C. A. Sundermuth (M. D. or other) MD

Address Eldorado, Spgs., MO Date signed 11-7-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46-11-927

MAY 5 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank W. Kull Jr

Licensed Embalmer No. 4440

P. O. Address Coarthege

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.