V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

38487

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39673

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1446

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 815 N 13th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 815 N 13th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louis N. Harvey

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Abbie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec 19, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Auto Mechanic

11. Industry or business

FATHER
12. Name Ruben Harvey
13. Birthplace — — Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Rex
15. Birthplace — — Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Abbie Harvey
(b) Address 815 N 13th St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-46
(Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.

19. (a) 1-4-47 (Date received local registrar) (b) E C Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 12
year 1946 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from Dec. 7, 1946, to Dec 10, 1946;
that I last saw him alive on Dec 19, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	1 yr.
Due to Arteria Sch Gen	—
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94B

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?
(Specify type of place)
While at work (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 620 Francis Date signed 12/13/46

382 (Licensed Embalmer's Statement on Reverse Side) St Joseph Mo.

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 Victor Berry

Licensed Embalmer No. H 212

P. O. Address St. Joseph Mo

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.