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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40228

State File No.

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **1025**

1. PLACE OF DEATH: **GREENE**

(a) County **Burns**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Burge Hospital** **17**
(If not in hospital or institution, write street number or location)

(d) Length of stay: **in hospital or institution 1 day**
In this community **plus 19 hours** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Christian**

(c) City or town **Elkhead, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **none, Rural**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Bernace Calvin Harvill**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W.**

6. (a) **Single**, widowed, married, divorced **0**

6. (b) Name of husband or wife **Child**

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

7. Birth date of deceased **Nov 28 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **19**
year **1946** hour **9:00** a.m. minute **—** M.

21. I hereby certify that I attended the deceased from **12-17-1946** to **12-19-1946**
that I last saw him alive on **12-19-1946**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
— — 21 hr. min.

Immediate cause of death **Prematurity**

Due to

Due to

Other conditions **Malnutrition** (include pregnancy within 3 months of death)

Major findings:
Of operations **159**

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace **Elkhead Mo 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **Infant**

12. Name **Bernard Eugene Harvill**

13. Birthplace **Keltner Mo 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Jessie Luetta Morrison**

15. Birthplace **Keltner Mo 11**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bernace Eugene Harvill**
(b) Address **Keltner Missouri**

17. (a) **Burial** (Burial, cremation or removal) (b) Date thereof **Dec 28, 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Origo, Mo.**

18. (a) Signature of funeral director **T. B. Chaffin**
(b) Address **Origo, Mo.**

19. (a) **12-22-46** (Date received local registrar) (b) **W. J. Handy, M.D.** (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?

While at work (Specify type of place) (e) Means of injury **0**

23. Signature **Arvid Sussich** (M. D. or other) **0**
Address **Springfield Mo** Date signed **12-19-46**

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

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 T. B. Chaffin

Licensed Embalmer No. 2182

P. O. Address Ozark 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.