DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40628

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5219

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 8 DAYS (Specify whether years, months or days)

In this community 43 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN 71

(c) City or town VERSAILLES 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country ---- 1

3. (a) PRINT FULL NAME MR. JOHN WILLIAM HARVEY, JR.

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-05-7186

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. DORIS HARVEY

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased MAY (Month) 30 (Day) 1902 (Year)

8. AGE: Years 44 Months 6 Days ~~10~~ 9 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED - 8 MONTHS - CONTRACTOR

11. Industry or business DEFENSE PLANT

FATHER
12. Name JOHN WILLIAM HARVEY, SR.
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name SARAH HEDDERMAN
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MR. JOHN WILLIAM HARVEY, SR.

(b) Address 4832 EAST - 6TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-12-1946 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 12-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 9TH year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-1, 1946, to 12-9, 1946; that I last saw him alive on Dec 9 - 1946 - and that death occurred on the date and hour stated above.

Immediate cause of death - acute & multiple pulmonary infarctions

Due to Mitral Stenosis

Due to Congestive Heart Failure

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 92 N

Of autopsy as above -

Duration

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 Graham Asher (M. D. or other) M.D.

Address 1220 Professional Bldg Date signed 12-10-46

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Collins

Licensed Embalmer No. 3506

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.