

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. _____

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 256

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 Quinn
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary C. Harvey

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

4. Sex female 5. Color or race negro
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ben Harvey
6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased August 5 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 1 If less than one day hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Reynolds
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Graves
(b) Address Moberly, Missouri

17. (a) burial (b) Date thereof 12/9/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery Moberly, Missouri

18. (a) Signature of funeral director Tom Patton
(b) Address Huntsville, Mo

19. (a) 12-9-46 (b) Seaburn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month December day 6 year 1946 hour 12:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 26/46 to Dec. 6/46 that I last saw he alive on Dec. 6/46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 46 B
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? _____

While at work? _____ (Specify type of place of work)
23. Signature Dr. E. E. Huber (M.D. or other) _____
Address Moberly, Mo Date signed 12/9/46

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

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

DEC 30 1946

RECEIVED
District Health Officer No. 10
District File Number 12-46-2303
Date Filed DEC 20 1946

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 Paul J. Dalton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.