

S. No. 2  
M-5-42  
v. 5-17-39  
-1 X32873

1981

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 5 1947

Registration District No. 207

Primary Registration District No. 3049

Registrar's No. 10

1. PLACE OF DEATH:  
(a) County Remick  
(b) City or town Hayth  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 yrs.  
In this community 10 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Remick  
(c) City or town Hayth  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country .....

3. (a) PRINT FULL NAME Ella Harvey  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 22  
year 1947 hour 1 minute A. M.

4. Female 5. Color or race Cal  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Harvey  
6. (c) Age of husband or wife if alive 12 years (Day) 4 (Year) 1888

21. I hereby certify that I attended the deceased from 1-22-1947 to 1-22-1947  
that I last saw her alive on 1-22-1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 1 Days 18  
If less than one day hr. .... min.

Immediate cause of death Chronic Myocarditis  
Duration .....

9. Birthplace Winoona Miss  
(City, town, or county) (State or foreign country)

Due to Coronary  
Due to .....

10. Usual occupation housekeeping

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

11. Industry or business in home  
12. Name John Gregory  
13. Birthplace Choctaw Miss  
(City, town, or county) (State or foreign country)

Major findings: Of operations 93D  
Of autopsy .....

14. Maiden name Harvey  
15. Birthplace Montgomery Miss  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

16. (a) Informant Harry M. Harvey  
(b) Address Hayth - mo  
17. (a) Removal (b) Date thereof 1-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? .....

(c) Place: burial or cremation Winoona Miss  
18. (a) Signature of funeral director J. Smith  
(b) Address Hayth - mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

19. (a) 1-24-47 (b) H. K. Kelley  
(Date received local registrar) (Registrar's signature)

23. Signature F. D. Bond M.D. (M. D. or other) J  
Address Hayth - mo Date signed .....

365

(Licensed Embalmer's Statement on Reverse Side)

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

28  
2  
1

MOTHER FATHER

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

2-47-48

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**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 Fred J. Smith  
Licensed Embalmer No. 4408  
P. O. Address 104 Petty St. Sikeston, 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.**