-1/47
-17-39

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

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 33539

FILED SEP 26 1947

Registration District No. 3[illegible]

Primary Registration District No. 6245

Registrar's No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural Walton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Shirley Mo
(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 Washington 110
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Shirley Mo 0
(If rural give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Franklin Harvey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 1 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Madoc (City, town, or county) Indiana (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Woodford Harvey
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~[illegible]~~ Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Alice Gibson
(b) Address Shirley Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Shirley Mo.

18. (a) Signature of funeral director Mrs Luther Sparks
(b) Address Potosi Mo.

19. (a) Sept 25-47 (Date received local registrar) (b) Mrs G F Cressinda (Registrar's signature) 337

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-22-1947 to 9-22-1947 that I last saw him alive on 9-22-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to —

Due to

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

Major findings:
Of operations 9 3 8

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature J. P. Townsend M.D. (M.D. or other)
Address Potosi Mo Date signed 9-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 947-122
Date Filed 9-25-47

OCT 10 1947

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 Murphy L. Sparks

Licensed Embalmer No. 4226

P. O. Address Flat River, 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.