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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35298

State File No. \_\_\_\_\_

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maryland St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Louisiana  
(If outside city or town limits, write "RURAL.")  
(d) Street No. Maryland St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM HENRY HARVEY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-07-0958

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 25 1984  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Clay Harvey  
13. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie R. Harvey  
(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 10/25/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Garner & Sterne  
(b) Address Louisiana, Missouri

19. (a) 10-25-47 (b) Bernice Collier  
(Date received local registrar) (Registrar's signature) 274

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23  
year 1947 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 21, 1947 to 1 day only 19\_\_\_\_;  
that I last saw him alive on 10-21-47 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death CRADIAL INSUFFICIENCY Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NONE  
Of autopsy NONE

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Z.R. Johnson Jr (M. D. or other) MD  
Address LOUISIANA, MO Date signed 10-25-47

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

RECEIVED  
District Health Officer No. 10  
District File Number 11-47-1576  
Date Filed - NOV - 4 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.....

.....*Virginia M. Starnes*....., Registered Apprentice No. *491*  
working, under my personal supervision.

Signed *Harold J. Garner*

Licensed Embalmer No. *3720*

P. O. Address *Louisiana 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.