S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 12 1947

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37727

Registrar's No. 1022

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1117 Pythian Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1117 Pythian Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME CHARLES HARVEY
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mattie Harvey
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June (Month) 30, (Day) 1870 (Year)

8. AGE: Years 77 Months 4 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Teamster
FATHER
12. Name John Harvey
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Martha Comer
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mrs. Mattie Harveyy
(b) Address 1117 Pythian Street, City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/29/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Joplin, Missouri
18. (a) Signature of funeral director Alma Lohmeyer Fun'l Home
(b) Address Springfield, Missouri
19. (a) 11-28-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26, year 1947 hour 12: minute 15 Noon M.

21. I hereby certify that I attended the deceased from 8-1-47, 19....., to 11-20, 1947 that I last saw him alive on 11-20-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac collapse	1 day
Due to Cardio-renal disease	years
Due to Arteriosclerosis	"
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 13 11

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

23. Signature M. L. Gentry (M. D. or other) M.D.,
Address Medical Arts Building Springfield, Missouri Date signed 11/28/47

Jefferson City Printing Co. (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 Lee Mason, Registered Apprentice No. 477, working under my personal supervision.

Signed Jewell E. Wendle

Licensed Embalmer No. 2331

P. O. Address Springfield, Missouri

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.