

S. No. 2  
 OM-8-43  
 v. 5-17-39  
 PI X37823

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42273

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

FILED DEC 26 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5684

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town Clay Twp. (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ben F. Harvey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Alice Harvey 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 26 1889  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

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

12. Name Frank Harvey

13. Birthplace xxx Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Emmaline Morland

15. Birthplace xxx xxxxx  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ben Harvey

(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 12/20/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strawberry Cemetery

18. (a) Signature of funeral director Thorne Undt Co

(b) Address Linneus, Mo.

19. (a) Dec 26 1947 (b) Mrs Budie Kelley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th.  
 year 1947 hour 10:45 minute a. M.

21. I hereby certify that I attended the deceased from 11/28 1947, to 12/16 1947  
 that I last saw him alive on 12/16 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Thrombosis  
Lobar Pneumonia

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations 108  
 Of autopsy \_\_\_\_\_

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? a

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

23. Signature W. J. Miller (M. D. or other) MD  
 Address Linneus, Missouri Date signed 12/17/47

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

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MOTHER FATHER

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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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 Herb A. Jeylow  
Licensed Embalmer No. 3761  
P. O. Address Princeton, 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.**