

FILED JAN 5 1948

Registration District No. **2749**

Primary Registration District No. **4415**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County: **Pike**  
(b) City or town: **Clarksville**  
(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  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **Jonah William 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: **Married**  
6. (b) Name of husband or wife: **Stella Harvey** 6. (c) Age of husband or wife if alive: **56** years  
7. Birth date of deceased: **June 18 1887**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **8** If less than one day  
.....hr. ....min.

9. Birthplace: **Clarksville** **Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired**

11. Industry or business  
12. Name: **Robert Harvey**  
13. Birthplace: **Clarksville** **Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name: **Empire Johnson**  
15. Birthplace: **Clarksville** **Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Stella M. Harvey**  
(b) Address: **Clarksville**  
17. (a) **Burial** (b) Date thereof: **Dec 28 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: **Greenwood**

18. (a) Signature of funeral director: **Harry Lanell**  
(b) Address: **Clarksville** **Mo**  
19. (a) **12-21-47** (b) **Euda Richard**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **Pike**  
(c) City or town: **Clarksville**  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26**  
year **1947** hour **3** minute **35** A. M.

21. I hereby certify that I attended the deceased from **Dec 24**  
1947, to **Dec 26** 1947;  
that I last saw him alive on **Dec 24** 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis**  
Duration

Due to.....  
Due to.....

Other conditions: **Edema of lungs** **6 mos**  
(Include pregnancy within 3 months of death)

Major findings: **MI**  
Of operations: **MI**  
Of autopsy: **MI**  
PHYSICIAN

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?

While at work?.....  
(Specify type of place) (e) Means of injury: **MI**  
23. Signature: **C. B. Anshel** (M. D. or other)  
Address: **Clarksville, Mo** Date signed: **12/26/47**

ENCLOSED

WRITE PLAINLY—USE UNFADING BLACK INK MAKE A PERMANENT RECORD

X29484

82

JAN 2 1948

FEB 24 1948

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, on 12/26/47

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsherry, Md.

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.