

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 29 1948

Registration District No. 29

Primary Registration District No. 2056

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Rand

(b) City or town Moberly

(c) Name of hospital or institution M. Cornick Hospital  
(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 WILLIAM HOBERT HARVEY

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race col

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Moberly Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name Thomas H. Harvey

13. Birthplace MO 10  
(City, town, or county) (State or foreign country)

14. Maiden name Dee Mae Oliver  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Kathryn Kichard

(b) Address 537 Horner

17. (a) Burial (b) Date thereof 1/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerport Cem. Moberly

18. (a) Signature of funeral director J. D. Carr

(b) Address Moberly MO

19. (a) 1-21-48 (b) Irabel Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Rand.

(c) City or town Moberly MO  
(If outside city or town limits, write "RURAL")

(d) Street No. 537 Horner St  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 21  
year 1948 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from DEC. 3, 1948, to JAN 21, 1948  
that I last saw him alive on JANUARY 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL DEGENERATION Duration 2 WKS

Due to Hyper THYMIA 2 WKS

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

Other conditions (includes pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 64

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury 1

23. Signature Burr S. Galley (M.D. or other) \_\_\_\_\_  
Address 208 1/2 N. Clark Moberly Date signed 1-21-48

RECEIVED  
DISTRICT FILE  
JAN 27 1948  
No. 10  
4873

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed *A. A. Carr*

Licensed Embalmer No. 3190

P. O. Address Moberly 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, above space should be left blank.**