S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16358

Primary Registration District No. 1002

Registrar's No. 2315

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.General Hospital No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 ds (Specify whether
In this community 4 ~~14~~ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 14 A.Hospital Hill 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William D.Harvie

3. (b) If veteran, name war W.W.I ~~no~~

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 0

6. (b) Name of husband or wife CLARA WEBB

6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased MARCH (Month) 7 (Day) 1865 (Year)

8. AGE: Years 83 | Months 2 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace BUFFALO (City, town, or county) N.Y. (State or foreign country) 1

10. Usual occupation M.D.

11. Industry or business

12. Name JOHN HARVIE

13. Birthplace (City, town, or county) CANADA (State or foreign country) 2

14. Maiden name UNKNOWN

15. Birthplace (City, town, or county) " (State or foreign country) 9

16. (a) Informant CHARLES W. HARVIE

(b) Address 14 A Hosp. Hill

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 (Month) 5 (Day) 48 (Year)

(c) Place: burial or cremation WISCONSIN RAPIDS, WIS.

18. (a) Signature of funeral director EARP & SONS

(b) Address 4139 E. 15th ST.

19. (a) 6-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1948 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5-25-48, 19__, to 6-1-48, 19__; that I last saw him alive on 6-1-48, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Bronchopneumonia	
Due to Hematoma of right thigh-	
Due to Trauma by accidental fall	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123

(a) Accident, suicide, or homicide (specify) See history fall

(b) Date of occurrence 4 or 5 days before adm. here

(c) Where did injury occur? home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury fall 0

23. Signature Wm W. Hart (M. D. or other) MD

Address Med.Dir.K.C.Gen.Hosp. K.C. Date signed

(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 James W. Earp, Registered Apprentice No. 203, working under my personal supervision.

Signed John B. Earp

Licensed Embalmer No. 2955

P. O. Address K. C. 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.

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2315

On this 16th day of June, 1948, before me appears Charles W. Harvie, who, upon his oath, states that the original record of ~~birth~~ death for William D. Harvie, ~~born~~ died June 1, 1948, in the State of Missouri, and which was filed at Kansas City on 6-2, 1948, should be corrected as follows:

Item No. In this Community should read 4 years

Instead of 44 years

~~Item~~ No. 3 b should read World War I

Instead of No

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles W. Harvie Son
Relationship.

14a Hospital Hill, K.C. Mo
Present Address.

Subscribed and sworn to before me this 16th day of June, 1948

My Commission Expires Nov. 26, 1950

My Commission expires

Gorman M. McBride
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through errors.

Form V. S. 135
50M—8-43
I X37817

S-16358