

FILED JUN 28 1948

Registration District No. 189

Primary Registration District No. 5424

Registrar's No. 31

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

5
0
0

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rural - Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 Miles North Campbell, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All of life. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles North Campbell, Mo. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME UNNAMED HARVEY BABY

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

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

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

7. Birth date of deceased June 14 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name W. C. Harvey, Jr.

13. Birthplace Stoddard County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clara Oxley

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

16. (a) Informant W. C. Harvey, Jr.

(b) Address Route 1, Campbell, Missouri

17. (a) Burial (b) Date thereof 6/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Missouri

19. (a) June 19, 1948 Mrs. Bessie Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from 14 June 48
_____, 19____ to 14 June 48, 19____;
that I last saw h. ER alive on 14 June 48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Atelectasis lungs, bilateral
congenital
Life

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

Duration
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)
Means of injury _____

23. Signature Charles S. Williams, D. O. M. D.
Address Malden, Mo. Date signed 15 June 48

RECEIVED

District Health Office No. 2,

District File Number 648-800

Date Filed 6-24-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.