

S. No. 300
M-10-47
5-17-39
WI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19882
Registrar's No. 89

Registration District No. 155

Primary Registration District No. 3127

9
6
2

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution 1011 W. Crow
(d) Length of stay: In hospital or institution none
In this community 23 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 1011 W. Crow
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME James Elmer Harvey
3. (b) If veteran, name was none
3. (c) Social Security No. none

20. DATE OF DEATH: Month 13 day June
year 1948 hour 4:30 minute a.m.
21. I hereby certify that I attended the deceased from 4-21-48
19 to 6-13 1948
that I last saw him alive on 6-13 1948
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife BELLE HARVEY
6. (c) Age of husband or wife alive 43 years
7. Birth date of deceased Aug 2 1863

Immediate cause of death MYOCARDITIS
Duration

8. AGE: Years 84 Months 10 Days 12 If less than one day hr. min.

Due to
Due to

9. Birthplace Lamar Mo.

Other conditions

10. Usual occupation Peter's Farmer

Major findings: Of operations 536

11. Industry or business none

Of autopsy

12. Name Albert Harvey

13. Birthplace unknown Mo.

14. Maiden name unknown

15. Birthplace Mo. Mo.

16. (a) Informant Belle Harvey

(b) Address 1011 Crow Webb City Mo.

17. (a) Removal (b) Date thereof 6/15/48

(c) Place: burial or cremation Hoisington, Kans.

18. (a) Signature of funeral director Hedge Lewis

(b) Address Webb City Mo.

19. (a) JUNE 15, 1948 (b) Registrar's signature Carter

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?
(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
23. Signature P.M. Pance (M. D. or other) No.
Address CARTERSVILLE MO Date signed 6-13-48

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.....

Leonard F. Lewis....., Registered Apprentice No. *46*
working under my personal supervision.

Signed.....

W. M. Ledger
Licensed Embalmer No. *3859*
P. O. Address..... *W. M. Ledger*

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.