

No. 308  
-10-47  
-17-39  
-I 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23293

Registration District No. 154

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Freeman 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 All Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 47

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

(d) Street No. Rt. #3 Box 1141  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Marvin Anthony 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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 25 1947  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Child

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

MOTHER FATHER

12. Name unknown

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Harvey

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

16. (a) Informant Mrs. Goldie, Harvey

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 7-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oxark Mem.

18. (a) Signature of funeral director Thornhill-Dillon Mortuary

(b) Address Joplin Mo.

19. (a) 7-30-48 (b) Delores Sampson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1948 hour 7:00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7/23/48 P.M. to 7/23/48 P.M.; that I last saw him alive on 7/23/48; and that death occurred on the date and hour stated above.

Immediate cause of death Virus Meningitis Duration \_\_\_\_\_

Due to acute enteritis  
2 or 3 da duration

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

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: 1190

Of operations \_\_\_\_\_

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? \_\_\_\_\_

23. Signature W. K. Newkirk (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

Address 304 E. Franklin Date signed 7/29/48

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

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**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 \_\_\_\_\_

*Jesse D Sullivan*

\_\_\_\_\_, Registered Apprentice No. *99*

working under my personal supervision.

Signed *Paul A. Hammond*

Licensed Embalmer No. *2590*

P. O. Address *Joplin, 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.**