

FILED SEP 17 1948

Registration District No. 77

Primary Registration District No. 5757

Registrar's No. 266

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

1. PLACE OF DEATH:

(a) County CALLAWAY
(b) City or town RURAL Ambrose
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STEEDMAN R.F.D. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community None years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. STEEDMAN R.F.D. 1
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WILLIAM H. 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, 2 divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife live _____ years

7. Birth date of deceased July 25 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace DANVILLE VIR. 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name SAMUEL HARVEY

13. Birthplace DK VIR. 1
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA INMAN

15. Birthplace DK VIR. 1
(City, town, or county) (State or foreign country)

16. (a) Informant BOYD HARVEY

(b) Address STEEDMAN, MO.

17. (a) BURIAL (b) Date thereof SEPT. 5 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HAM'S PRAIRIE

18. (a) Signature of funeral director Glen Y. Mangin

(b) Address 7 1/2 Cent Fulton, Mo.

19. (a) Sept. 5-1948 (b) James Marshall
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9 year 1948 hour _____ minute 1:45 P.M.

21. I hereby certify that I attended the deceased from 9 1948 to 9-7-48 1948
that I last saw him alive on 9-9-48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
arterio sclerosis
Due to _____

Due to _____

Other conditions Nephritis
(Include pregnancy within 1 month of death) Cystitis

Major findings: Of operation _____

Of autopsy 938

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 D

23. Signature W. O. Payne (M. D. or other) 9/3/48
Address R. E. Fulton Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 15 1948

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..... *Glen Y. Maupin*
Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.