

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33389

State File No. _____

FILED NOV 3 1948

Registration District No. 167

Primary Registration District No. 4238

Registrar's No. 321

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Knox
(c) City or town Edina
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fredrick William Harvey

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gene Harvey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept - 11 - 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Painter and Decorator

11. Industry or business _____

MOTHER FATHER
12. Name William Harvey
13. Birthplace South Berwick Maine
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ijams
15. Birthplace uk Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Full Thayer
(b) Address 21 Pelquin Rd, Waton Mass

17. (a) Burial (b) Date there Oct-29-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linville, Edina, Mo.

18. (a) Signature of funeral director Kath Hudson

(b) Address Edina, Missouri

19. (a) Oct-29-48 (b) Full Thayer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 26
year 1948 hour 10 P.M. minute 15 M.

21. I hereby certify that I attended the deceased from March 1st 1947 to Oct 26 1948
that I last saw him alive on Oct 26 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration _____

Due to Aneurysm of Inferior vena cava

Due to _____

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

Major findings:
Of operations -
Of autopsy - 92

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) (e) Means of injury _____

23. Signature W.S. Luman (M. D. _____)

Address Edina Mo Date signed 10/29/48

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

RECEIVED

District Health Officer No. 10

District File Number 11-48-1848

Date Recd NOV 1 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 Kath. Hudson
14511
Licensed Embalmer No. 2415
P. O. Address Edina, 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.