S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33626

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 254

4
1
2

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town Savannah 1
(If outside city or town limits, write "RURAL") U
(d) Street No. ..... (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sarah Ellen Harvey

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Nov (Month) 18 (Day) 1872 (Year)

8. AGE: Years 75 Months 11 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Hanabal (City, town, or county) Mo (State or foreign country) U

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name John W Clark 2
13. Birthplace Manatoba (City, town, or county) Canaday (State or foreign country)

MOTHER
14. Maiden name Carolina Smith
15. Birthplace Un Known (City, town, or county) (State or foreign country) 9

16. (a) Informant Richard Harvey
(b) Address Savannah Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo

19. (a) 10/28/48 (Date received local registrar) (b) Bess Holt (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24 year 1948 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10-12, 1948, to 10-24, 1948; that I last saw her alive on 10-23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Right Femur
Fracture Right Pelvis

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 2
(b) Date of occurrence 10-12-48
(c) Where did injury occur? Savannah (City or town) Andrew (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Stove blew up

23. Signature Lowrat Chong (M. D. or other)
Address Savannah Mo Date signed 10/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. L. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.