

FILED JAN 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 41226

94

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 405

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Delassus</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Delassus</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Harvey</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>30</u> (Year) <u>48</u>
5. SEX <u>f</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>June 25 1878</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Am. home</u>	11. BIRTHPLACE (State or foreign country) <u>near Farmington Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Geo W. Taylor</u>	
13b. MOTHER'S MAIDEN NAME <u>Georgia A Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>R. F. Harvey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R. F. Harvey</u>		ADDRESS <u>Farmington Mo. rti</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>135</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of the lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>several years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Delassus St. Francois County Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>2</u>			
22. I hereby certify that I attended the deceased from <u>12-29-48</u> , 19 <u>48</u> , to <u>12-30-48</u> , 19 <u>48</u> , that I last saw the deceased alive on <u>12-30-48</u> , and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Seaside Harvey MD</u>		23b. ADDRESS <u>Farmington Mo</u>	
23c. DATE SIGNED <u>12/31/48</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>1-1-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Doe Run</u>		24d. LOCATION (City, town, or county) (State) <u>Doe Run, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-31-1948</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozean</u>		ADDRESS <u>Farmington, Mo.</u>	

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

RECEIVED

District Health Office No. 4

District File Number 149-35

Date Filed 1-4-49

STATEMENT BY LICENSED EMBALMER

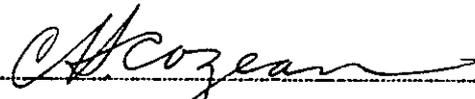
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4084

P. O. Address Farmington, 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.