

FILED DEC 10 1943  
Registration District No. **137**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Clinton mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Wegel Hosp**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **27 hours**  
(Specify whether years, months or days)

In this community **27** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry** **42**

(c) City or town **Clinton mo** **9**  
(If outside city or town limits, write "RURAL")

(d) Street No. **312 W Ohio**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **WM DELBERT HARVEY**

3. (b) If veteran, name war: No.

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 **31** years

7. Birth date of deceased **Oct 31 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 3 hr. min.**

9. Birthplace **Clinton mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name **Wm H Harvey**

13. Birthplace **Deepwater mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Jane Hightower**

15. Birthplace **Idola Kan**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W H Harvey**

(b) Address **Clinton mo**

17. (a) **Burial** (b) Date thereof **11-2-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Englewood**

18. (a) Signature of funeral director **Consalus Beck**

(b) Address **Clinton mo**

19. **November 2, 1943** **Georgia Hitcher**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **1**  
year **1943** hour **8 PM** minute **M.**

21. I hereby certify that I attended the deceased from **birth**  
**Oct 31 1943** to **Nov 1 1943**  
that I last saw him alive on **Nov 1 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **fall of mother**

Due to

Other conditions **159**  
(Include pregnancy within 3 months of death)

Major findings: **159**

Of operations

Of autopsy **no**

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) **no**

(b) Date of occurrence

(c) Where did injury occur? **no**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no**  
(Specify type of place) (e) Means of injury

23. Signature **R. J. Powell** (M. D. other)

Address **Clinton** Date signed **11/2/43**

RECEIVED

District Health Officer No. 7,

District File Number

11-43-135-17

Date Filed

12-9-48

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.....

*J. E. Conzelmann*

Licensed Embalmer No. 1891

P. O. Address.....

*Clinton 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.