

FILED SEP 11 1946

Registration District No. _____

Primary Registration District No. 4217

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Urish

(c) Name of hospital or institution:
at Home in Urish

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 79 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Urish

(d) Street No. in Urish at Home

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Aldert H. Harvey

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1946 hour 2:00 minute a.m.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Ada Harvey

(c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 27 1863

21. I hereby certify that I attended the deceased from Aug. 30 " his last illness, 1946, to Aug. 130 1946 (that I last saw him alive on August 30" 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>3</u>	— hr. — min.

Immediate cause of death Cardiac Dilatation

Due to Cardiac Asthma complicated by senility

Due to _____

9. Birthplace near Utica New York

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Madam & Banking

11. Industry or business Gen Med. Banking

12. Name Oliver H. Harvey

13. Birthplace near Utica New York

14. Maiden name Elizabeth G. Hartney

15. Birthplace Male Europe

Major findings: Of operations 95

Of autopsy _____

16. (a) Informant Ada Harvey

(b) Address Urish Mo

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-46 (Month) (Day) (Year)

(c) Place: burial or cremation Urish Cemetery

While at work? (Specify type of place) _____ (c) Means of injury _____

18. (a) Signature of funeral director W. J. Brown

(b) Address Urish Mo

19. (a) 9-1-1946 (Date received local registrar) (b) R. H. Kessner (Registrar's signature)

23. Signature J. S. McDonald (M. D. or other) _____

Address Urish Mo Date signed 8/31-46

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

25795

JAN 28 1950
DEC 29 1949

REG. NO. 75
8-46-928
Date 9-9-46

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 R.R. Kenney
Licensed Embalmer No. 3099
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.