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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40360

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 225

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: at Home 311 E Ohio St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 311 E Ohio (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CORA ELLEN HARVEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Fem
5. Color or race white
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Geo Harper Harvey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 15 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Work of Home
11. Industry or business
FATHER
12. Name James Watson
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Jefferies
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Luther Stone
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Consolver & Peak
(b) Address Clinton Mo
19. (a) 12-3-46 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1946 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from Feb 1946 to Dec 1 1946
that I last saw her alive on Nov. 26 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	10 mo.
Due to Coronary thrombosis	10 mo.
Due to	

Other conditions None (Include pregnancy within 3 months of death)
Major findings:
Of operations None
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. B. Hughes M.D. (M. D. or other)
Address Clinton, Mo. Date signed 12/2/46

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(Licensed Embalmer's Statement on Reverse Side)

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. [illegible]

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 w[ith] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.