No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1947
Registration District No. 1/82

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5684

State File No. 31753

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Linn.

(b) City or town Eversonville - Rural - Wheeling R.I. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Clay TWP. 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Eversonville - Rural - 0 (If outside city or town limits, write "RURAL")

(d) Street No. Wheeling R#1. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emeline Harvey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lewis Franklin Harvey

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

7. Birth date of deceased May (Month) 5 (Day) 1858 (Year)

8. AGE: Years 89 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace Barnes County (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Samuel Thornton

13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Nancy Elizabeth Snell

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Elsie M. Harvey

(b) Address Wheeling Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Strawberry Cemetery

18. (a) Signature of funeral director E.W. Robertson Funeral Home

(b) Address Chula

19. (a) Sept 16, 1947 (Date received local registrar) (b) Mrs Birdie Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5

year 1947 hour 10 minute 7 A.M.

21. I hereby certify that I attended the deceased from Sept 5, 1947 to Sept 5, 1947

that I last saw her alive on Sept 5, 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic — Duration

Due to

Due to

Other conditions Senanosa Nephritis (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

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)

(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 (M. D. or other)

Address Marshall Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

Weif. 10:30 A.m.

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 John M Roberson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.