

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 137

Primary Registration District No. 4213

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Monticene Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Monticene  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN B HARVIEUX

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5  
year 1947 hour 1 minute 0 M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ellen Harvieux 6. (c) Age of husband or wife if 65 years

7. Birth date of deceased April 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 30, 1946, to Nov 4, 1947  
that I last saw him alive on Nov 4, 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 7 Days 2 If less than one day  
hr. min.

Immediate cause of death Gastric carcinoma 1yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Chicago Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired laborer

Major findings: 4613

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John Harvieux

13. Birthplace Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Canada  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Mrs John B. Harvieux

(b) Address Monticene Mo

17. (a) Burial (b) Date thereof Nov 6 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monticene Cem

18. (a) Signature of funeral director Walling Bus

(b) Address Monticene Mo

19. (a) 11-7-47 (b) R. R. Kennedy  
(Date received local registrar) (Registrar's signature)

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

23. Signature W. E. Baggerly (M. D. or other) ms

Address Monticene Mo Date signed 4-5-47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 28  
District No. 10-47-1305  
District File Number 11-19-47  
Date Filed

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.....  
*on the 5 day of Nov 1947*, Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address *Appertown City - 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.