

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19058**

Registration District No. **589**

Primary Registration District No. **5787B**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County Montgomery *Ben Creek*
(b) City or town Bellflower
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

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

(d) Length of stay: In hospital or institution Five Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Milliam Harvey 610

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura G Harvey 6. (c) Age of husband or wife if alive years

*7. Birth date of deceased April 16 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer (Ret)

11. Industry or business General Duties

12. Name Issac Harvey

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

14. Maiden name Adeline Wilson

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

16. (a) Informant Mrs Laura G Harvey

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof May 22 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director Alford A. Jones

(b) Address Bellflower Mo.

19. (a) May 21 1940 (b) Marjorie Plumer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Bellflower Mo. (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 20TH
year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 18
1938 to MAY 20 1940

that I last saw him alive on April 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Death
Cardiac Decompensation Duration 5/20/40

Due to arterio sclerosis
myocarditis

Due to Arteriosclerosis
Chronic Distal renal nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121

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?

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

23. Signature A. H. Van Arsdale D. or other 300
Address Montgomery City Date signed 5/21/40

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.