

FILED NOV 10 1944

Registration District No. _____

Primary Registration District No. 47245280

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Kahoka - Rural
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry Walter Harvey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1944 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 1 to Sept. 26 1944
that I last saw him alive on Sept. 20 1944
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruth Harvey

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 16 - 1866
(Month) (Day) (Year)

Immediate cause of death Pericarditis

Due to _____

Due to 1626

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 78 Months 3 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Norman Harvey

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Walter Harvey

(b) Address Kahoka Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept. 28 - 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Black Ledge C. - Iowa

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? _____

18. (a) Signature of funeral director William J. Ford

(b) Address Kahoka Mo.

19. (a) 10-4-44 (Date received local registrar)

(b) Peru Boston (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature W. J. Ford (M. D. or other)

Address Kahoka Mo. Date signed _____

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

73
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RECEIVED
District Health Officer No. 10
District File Number 11-44-1207
Date Filed NOV. 6 1948

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 Olis L. Lutting

Licensed Embalmer No. 2965-

P. O. Address Lurray 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.