

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3152
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township _____ Primary Registration District No. 3021 Registered No. 5
 (c) City Webb City, Mo. (d) Street No. Jones Chiropr Hospital Webb City St. _____
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carl Hartje (CARL HARTJE.) 632

(a) Residence, No. Central City, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode. If no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ SINGLE
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1918
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 11 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Washed in
 9. Industry or business in which work was done, as saw mill, bank, etc. tail shop
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 7 1938 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 26 - 1937, to 1-7, 1938.
 I last saw him alive on 1-7, 1937. Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

1070

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo.
 13. NAME Oliver Hartje
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conway County, Ark.
 15. MAIDEN NAME Anna Stevens
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 17. INFORMANT (ADDRESS) Mrs. Anna Hartje
CENTRAL CITY, MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill Cem. DATE Jan 10 1938
 19. FUNERAL DIRECTOR (ADDRESS) Frank - Sivers Mortuary
Joplin, Mo.
 20. FILED JAN 7 1938 1938 R. F. Schell Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) E. H. Gregory M. D.
WEBB CITY, MO.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

FEB. 25 1938

BUREAU OF VITAL STATISTICS
M.C. CIVIL BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. No. 3898 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed David Dillon
Licensed Embalmer No. 3898

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.)