REC'D JUL 20 1938

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

22097
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Carthage
(d) Street No. McCune-Brooks Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 408
Primary Registration District No. 3020
Registered No.

2. PRINT FULL NAME James Hartley 634
(a) Residence, No. Route 1 St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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 —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1938

7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 28 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Missouri 0

FATHER
13. NAME J. O. Hartley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County Missouri

MOTHER
15. MAIDEN NAME Doris Mable Shirley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ohio

17. INFORMANT (ADDRESS) J. O. Hartley Route 1 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE June 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary Carthage, Missouri

20. FILED 6/13, 1938 E. J. McIntire M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1938, to June 12, 1938
I last saw him alive on June 11, 1938. Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
premature birth 7 mo - gestation	
15	

Other contributory causes of importance:
twin had a premature separation of placenta

Name of operation none 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? no
If so, specify
(Signed) George H. Wood, M. D.
(Address) Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 391

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.