

1939 MAY 12 1939

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

14223
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 71
 (b) Township Cedar Primary Registration District No. 4040 Registered No. 17
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lou Hartman

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowrd
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Hartman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/24/1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 24

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 _____

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

FATHER 13. NAME Mike Drullinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

MOTHER 15. MAIDEN NAME ////

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT John Hartman (ADDRESS) Ashland Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE 4/24/1939

19. FUNERAL DIRECTOR (NAME) Ashland undt. Co. (ADDRESS) Ashland Missouri

20. FILED May 6 1939 Frances Nichols Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Apr 22, 1939
 I last saw him alive on Apr 20, 1939 Death is said to have occurred on the date stated above, at 4:00p m.
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset _____

Other contributory causes of importance: 54

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? no

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) H. B. Brown, M. D.
73 (Address) Ashland 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.

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.