

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34966**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3941**

1. PLACE OF DEATH:

(a) County **Jackson** **NOV 14 1939**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Mary's Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **18 days**
 In this community **3 weeks** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield**
 (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.

3. (a) PRINT FULL NAME **George H. Hartsock (G.H.)**

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

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mrs. Mary E. Hartsock** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 31 1863**
 (Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **10** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Charles W. Hartsock**

13. Birthplace **No Record**
 (City, town, or county) (State or foreign country)

14. Maiden name **II II**

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

16. (a) Informant's own signature **Mrs. F. J. Bell**

(b) Address **113 East 70th St**

17. (a) **Removal** (b) Date thereof **Oct. 12-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Mo.**

18. (a) Signature of funeral director **John W. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **10-12-39** (b) **M. M. Crova**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **11th**
 year **1939** hour **6** minute **50** P. M.

21. I hereby certify that I attended the deceased from **9/23/39**
 _____, 19____, to **10/11/39** inclusive, and that death occurred on the date and hour stated above.

that I last saw him _____ alive on **10/11/39**, 19____; Immediate cause of death **Hypostatic pneumonia** Duration _____

Contributory cause, Due to **Fracture of right hip.**

Due to **1860**

Other conditions **97**
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **NO.**

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) **Fall.**

(b) Date of occurrence **9/22/39**

(c) Where did injury occur? **113 E. 70th. St.**
 (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 **J. S. Snider** (M. D. or other) _____

Address **1215 1/2 Walter Rd** Date signed **10/12/39**

Dr. J. S. Snider

Rialto

VI 6600

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 A R Hunschel
Licensed Embalmer No. 4062
P. O. Address J. C. 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, above space should be left blank.