

NOV 20 1939

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

35513
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 3 Registration District No. 85
(b) Township 1 Primary Registration District No. 0001
(c) City St. Joseph (d) Street No. St. Hoop # 2, St. Joseph, Mo. St. 1030
(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 1 yrs. 4 mos. 7 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Hartnett

(a) Residence, No. 1014 Sylvan, St. Joseph, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1878
7. AGE YEARS 61 MONTHS 8 DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Buffalo, N. York (STATE OR COUNTRY) 1

13. NAME John Hartnett 5

14. BIRTHPLACE (CITY OR TOWN) Uniontown, Ireland (STATE OR COUNTRY) 1

15. MAIDEN NAME Mary Newman

16. BIRTHPLACE (CITY OR TOWN) Uniontown, Ireland (STATE OR COUNTRY)

17. INFORMANT Records State Hoop # 2 (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Conception DATE Oct 17, 1939

19. FUNERAL DIRECTOR (NAME) Heaton - Brennan (ADDRESS) 314 So. 10th, Funeral Home

20. FILED 10/12 1939 H. H. Mettlesh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Oct 9, 1939
Last saw her alive on Oct 9, 1939. Death is said to have occurred on the date stated above, at 11:29 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease
Date of onset Sept 39

Other contributory causes of importance: Hypostatic Pneumonia
Senility

Name of operation none Date of —
What test confirmed diagnosis? Cholera Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) D. P. Johnson, M. D.
(Address) State Hoop # 2, St. Joseph, Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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 Oct. 10, 1937

....., Registered Apprentice No.
working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 5007

P. O. Address 319 So. 10th, St. Joseph, 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.