DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECD NOV 9 1939

Registration District No. 282

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35989

Primary Registration District No. 4166

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Dunklin

(b) City or town: Campbell (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: In this community: about 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dunklin

(c) City or town: Campbell — (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: Sarah E. Hartwell

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: James A. Hartwell

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Feb. (Month) 14 (Day) 1874 (Year)

8. AGE: Years 65 Months 7 Days 28 If less than one day: hr. min.

9. Birthplace: (City, town, or county) ✓ (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Elisha Wigington

13. Birthplace: — Alabama (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Rachel M. Busby

15. Birthplace: — Alabama (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: William Wiggington

(b) Address: Campbell - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-13-39 (Month) (Day) (Year)

(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Landess Funeral Home

(b) Address: Campbell - Mo.

19. (a) 10-13-39 (Date received local registrar) (b) E. N. Landess (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th - year 1939 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 6, 1939, to Oct 12, 1939 that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage with paralysis of the	
Due to: Hardening of the arteries	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: John L. Dixon (M. D. or other)

Address: Campbell Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE

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 E. W. Sanders

Licensed Embalmer No. 2289

P. O. Address Caulfield 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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

35989
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin — Registration District No. 282
(b) Township Campbell — Primary Registration District No. 4166 — Registered No.
(c) City — (d) Street No. — 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.

2. PRINT FULL NAME Sarah E. Hartwell
(a) Residence, No. — 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE — YEARS: 65 — MONTHS: 7 — DAYS: 28 — If LESS than 1 day, ...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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Indiana

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10-12, 1939 E. H. Landess, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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) John L. Brown, M. D.
(Address) Campbell, Mo

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK. ... EXACTLY. PHYSICIANS
N. B.—Every item of information should be carefully supplied. AGE ... Exact statement of OCCUPATION is ve...
CAUSE OF DEATH in plain terms, so that it may be properly classified.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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