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

REGD DEC 18

40997
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard
(b) Township Duck Creek
(c) City Near Puxico, Mo. (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.

Registration District No. 840
Primary Registration District No. 6102
Registered No. 30

2. PRINT FULL NAME Shellert E. Harty
(a) Residence, No. ..... Stoddard 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) Nov. 27, 1913

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
22	11	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Near Puxico Mo.

FATHER
13. NAME J. J. Harty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Puxico Mo.

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

17. INFORMANT Fred Harty
(ADDRESS) Puxico Mo.

18. BURIAL, CREMATION, OR REMOVAL Cemetery
PLACE Pleasant Grove DATE Nov. 7, 1939

19. FUNERAL DIRECTOR (NAME) Floyd D. Morgan
(ADDRESS) Advance, Mo.

20. FILED Nov. 16, 1939 Dermain Rupert
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Nov 6, 1939
I last saw him alive on Oct 15, 1939. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Tuberculosis	

Other contributory causes of importance: ✓

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) E. E. Ellington, M. D.
(Address) Puxico Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK. PRINTING IN CAPITALS IS PREFERRED.

1 X14028

RECEIVED
District Health Officer No. 2,
District File Number 1239-397
Date Filed 12-5

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, Lloyd L Morgan, or by _____,

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

Signed Lloyd L Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.