

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.

JAN 12 1940

89

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42901

State File No.

Registration District No.

Primary Registration District No.

5131

Registrar's No.

298

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) 6311

3. (a) PRINT FULL NAME COLEENE KAY HARTLINE

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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 17 (Month) (Day) (Year) 1938

8. AGE: Years 1 Months 0 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Butler (City, town, or county) MO (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Marshall Hartline

18. Birthplace Fick Butler (City, town, or county) (State or foreign country) MO

14. Maiden name Pearl Spencer

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

16. (a) Informant's own signature Marshall Hartline

(b) Address R.D. #3 Poplar Bluff

17. (a) Hills Cem (b) Date thereof Dec 7 1939 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hills Cemetery

18. (a) Signature of funeral director N.T. Phelps

(b) Address Poplar Bluff

19. (a) 12/30/1939 (Date received local registrar) Blutsinger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Rural (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1939 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec 6, 1939, to Dec 7, 1939, that I last saw him alive on Dec 6, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis Duration 2 Day

Due to Encephalitis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/1

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) _____
 (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. K. ... (M. D. or other) 12/14/39
 Address Poplar Bluff

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

Signed.....

M. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Papier Bluff

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.