

44207

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. Registrar's No. 12

Registration District No. 644 Primary Registration District No. 5853

JAN 20 1940

1. PLACE OF DEATH: (a) County Osage (b) City or town Rural (c) Name of hospital or institution Bonnots Mill, Mo. Route No. 1 (d) Length of stay: In hospital or institution Nine Years

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Osage (c) City or town Rural (d) Street No. Bonnots Mill, Mo. Route 1 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Louise Hartley (b) If veteran, name war (c) Social Security No.

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Dec 29 - 39 year hour minute M. 21. I hereby certify that I attended the deceased from Nov 1, 1939, to Dec 29 - 39 1939

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 6. (b) Name of husband or wife Wm Hartley 6. (c) Age of husband or wife if alive years 7. Birth date of deceased March 6th, 1854 (Month) (Day) (Year)

that I last saw her alive on Dec 29, 1939 and that death occurred on the date and hour stated above. Immediate cause of death Acute dilatative of heart. (Myocarditis) Duration

8. AGE: Years 85 Months 9 Days 23 If less than one day hr. min.

Due to old age 85 years. Chronic nephritis, duration 2 years

9. Birthplace South Point, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Wm Wagner 13. Birthplace Germany (City, town, or county) (State or foreign country) 14. Maiden name Deweller

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

16. (a) Informant's own signature Mrs. Lizzie Wagner (b) Address Bonnots Mill, Mo.

17. (a) Removal (b) Date thereof 12-31-1939 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Morton Funeral Home (b) Address Linn, Mo.

19. (a) 12-29-39 (b) Emily K Matthe (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy 121 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) (e) Means of injury

23. Signature J. W. Williamson (M. D. or other) Address Date signed

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.

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.