

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

6753
Do not use this space.

FILED MAR 4 - 1940

1. PLACE OF DEATH

(a) County HENRY Registration District No. 352
(b) Township Union Primary Registration District No. 5493
(c) City Montrose 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.

2. PRINT FULL NAME SARAH ELIZABETH Hartley

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 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) FEB 17 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 9 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) 4/1/38 11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) CARMICHAEL
(STATE OR COUNTRY) Pennsylvania

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

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

17. INFORMANT (ADDRESS) M. Vanugite
Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo DATE Dec 15 1939

19. FUNERAL DIRECTOR (NAME) Funeral Home
(ADDRESS) Montrose Mo

20. FILED _____, 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1939, to Dec. 12, 1939
I last saw her alive on Dec. 12, 1939. Death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

Arterio sclerosis

Date of onset

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) W.E. Baggarly M.D.
317 (Address) Montrose Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-19-38 I X1605

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.....

Oscar Eckhoff

Licensed Embalmer No.....

3942

P. O. Address.....

Appleton City, Wis.

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.