

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
U. S. 112811

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6930

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCuine-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days | (Specify whether 1)
In this community 30 yrs.
years, months or days

3. (a) PRINT FULL NAME Sadie HARTLEY

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased January 7, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 51 If less than one day hr. min.

9. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
12. Name Jasper Campbell
13. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Jacobs
15. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Logan

(b) Address 12 1/2 W. 3. Carthage Mo

17. (a) Burial (b) Date thereof Feb. 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director J. W. Knull

(b) Address Carthage Mo. 81

19. (a) Feb. 24 1940 (b) E. J. McEntee, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Main St. at Third
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 hour 6 minute 15 P. M.
year 1940

21. I hereby certify that I attended the deceased from Feb 13 ad
1940 to 2/22 1940
that I last saw h. ex alive on 2/21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease
with Mitral Stenosis, fibrillation
and decompensation Unknown

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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 A. J. McEwen (M. D. or other) M.D.

Address Carthage, Mo Date signed 2/23/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 340-773

Date Filed MAR 9 1940

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 Lucy Kree-Buckwell
Licensed Embalmer No. 2510
P. O. Address Cardhage, 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.