

FILED JUN 17 1940

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

18632  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson 3 Registration District No. 400  
 (b) Township Beauregard Primary Registration District No. 55.5.3B Registered No. 100  
 (c) City or Lee's Summit (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. day (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charles A. Hartley  
 (a) Residence, No. 406 So Douglas St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Hartley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1866

7. AGE YEARS 73 MONTHS 10 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Retired  
 10. Date deceased last worked at this occupation (month and year) 12-20 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Ohio

FATHER  
 13. NAME Augusta Hartley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

MOTHER  
 15. MAIDEN NAME ? Death  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

17. INFORMANT Miss Edith Hartley  
 (ADDRESS) 603 1/2 So 11th St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried Lee's Summit DATE 5-13-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Large Duff Lee's Summit Mo

20. FILED 5-12-1940 Sarah H. Baines Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to May 11, 1940  
 I last saw him alive on May 11, 1940. Death is said to have occurred on the date stated above, at 6:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pernicious Anemia 1918  
Senility 1937

Other contributory causes of importance: 7/12

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical 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) A. G. Swaney, M. D.  
 (Address) Lee's Summit, Mo

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.

*Swaney*

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**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 *M. B. Langford*  
Licensed Embalmer No. *3233*  
P. O. Address *Two Sumner*

**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.**