

No. 2  
1-10-39  
17-39  
X21492

SEP 23 1940

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 238

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Elizabeth Hospital  
(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 625

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Hannibal Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7  
year 1940 hour 12:15 A. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from August 1, 1940  
1940, to August 7, 1940,  
that I last saw him alive on August 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
Duration 4 days

Due to Congenital malrotation of Large & Small Bowel  
Due to Congenital Maldevelopment of Mesentery  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Complete twist of large & small bowels  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature David B. Landon (M. D. or other) \_\_\_\_\_  
Address Hannibal Mo. Date signed 8/12/40

8. (a) PRINT FULL NAME John Franklin Hartman Jr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased Oct. 20 1935  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 9 18 hr. min.

9. Birthplace Ralls Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John F. Hartman  
13. Birthplace Marion Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ida Gibbons  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Hartman  
(b) Address Ralls County Mo.

17. (a) Burial (b) Date thereof Aug 9 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director J. J. Landon

(b) Address Hannibal Mo.  
19. (a) Aug 12 '40 (b) H. C. Fisher  
(Date received local registrar) (Registrar's signature)

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

*Embalmer*

**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

*Ralph Clark*

, Registered Apprentice No. 242

working under my personal supervision.

Signed *Harold Colburn*

Licensed Embalmer No. 3859

P. O. Address *Harold Colburn*

**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.**