

Registration District No. 779Primary Registration District No. 4029Registrar's No. 9

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Amsterdam
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 20
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 years years, months or days)

3. (a) PRINT FULL NAME HIRAM HARTWELL3. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex MALE 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed6. (b) Name of husband or wife Edna Hartwell 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Apr 20 1848
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
92 5 6 hr. min.9. Birthplace Mt. Gilead Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer11. Industry or business Oliver Hartwell12. Name Oliver Hartwell13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Mary Eiler
15. Birthplace Ohio
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Edythe Reineck(b) Address Amsterdam 177017. (a) Burial (b) Date thereof 9-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Fairport 177018. (a) Signature of funeral director Archer A Mangold(b) Address Amsterdam 177019. (a) Sept 27 1940 (b) Arnold C Kipper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1940 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from Sept 1, 1940 to Sept 26, 1940
that I last saw him alive on Sept. 25, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Fracture of right humerus. Duration 30 days
accidental fall.Due to _____
Due to _____
Other conditions Senility
(Includes pregnancy within 3 months of death)Major findings: _____
Of operations 1 lb
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) Accident
 (b) Date of occurrence Sept 1, 1940
 (c) Where did injury occur? Bates Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? no (Specify type of place) (e) Means of injury Fall23. Signature Basel E. Hartwell (M. D. or other) MD
Address Wepel, Mo Date signed 10/26/40

RECEIVED

District Health Officer No. 7;

District File Number 11-40-15-84

Date Filed 11-12-40

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

Lee A. Mangold, Registered Apprentice No. working under my personal supervision.

Signed Lee A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amstex diam m

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.