

No. 2
4-13-40
5-17-39
PI X23159

MAR 14 1941
Registration District No. _____

Primary Registration District No. **5175**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County. Cape Co.

(b) City or town. Welsh Township Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community. 10 years
years, months or days)

3. (a) PRINT FULL NAME George Washington Hartsey

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 Widower

6. (b) Name of husband or wife Anna Manlove Hartsey

6. (c) Age of husband or wife if alive ✓ years 16 1864
(Day) (Year)

7. Birth date of deceased July 16 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>7</u>	<u>-0</u>	hr. min.

9. Birthplace Mitchel / Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation haberer.

11. Industry or business _____

12. Name Joe Hartsey

13. Birthplace _____ / Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Liza Jane Richards

15. Birthplace Near Mitchel / Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm WC Coomer

(b) Address Evansville Ind R2

17. (a) Burial (b) Date thereof 2-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockview Mo.

18. (a) Signature of funeral director Bisplinghoff Hubbers
(b) Address Chaffee Mo.

19. (a) Feb 20 - 41 (b) Mrs Wm Stickle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape 16
Rural Welsh Township 0
(c) City or town _____ (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.? ✓ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 8, 1941, to 2/16, 1941;
that I last saw him alive on 2/16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis 2 yr
92. J.

Due to _____

Due to _____

Other conditions Vascular Hypertension
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 873

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

23. Signature W. C. Coomer M.D. (M. D. or other) 0
Address Evansville Mo. Date signed 2/18/41

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..... *Marion D. [Signature]*

Licensed Embalmer No. *3242*

P. O. Address..... *Chaffee W.*

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, fact should be so stated above.