

FILED MAR 17 1941
Registration District No. **97**

Primary Registration District No. **3016**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 330 Fair St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yrs. - 4 mo. - years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington Mo. 6
(If outside city or town limits, write "RURAL")
(d) Street No. 330 Fair St. - 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. - 0 years

3. (a) PRINT - ~~NOTES~~ NOTES
FULL NAME TIMOTHY HARTWELL

3. (b) If veteran, name war no. -
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Lola Brookhart Hartwell 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb. 18 - 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 27 If less than one day
hr. min.

9. Birthplace Atlanta, Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Fish Aid Man

11. Industry or business Coal Mining

12. Name Richard Hartwell

13. Birthplace ngh. prinson 1. Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Lara Haurum

15. Birthplace not known 1. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola Hartwell

(b) Address Washington Mo.

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

(c) Place: burial or cremation Berier Mo.

18. (a) Signature of funeral director Obor & Co. -

(b) Address Washington Mo. - 270

19. (a) Feb. 17 - 1941 (b) H.A. May
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1941 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from May 1938 to Feb 15 1941;
that I last saw him alive on Feb 15 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chr. 2 years

Due to Hypertension with arteriosclerosis ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) ↑ 2 1/2

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) (or) Means of injury _____

23. Signature Frank G. Weiss M.D. (Physician or other) _____

Address 311 1/2 4th, Washington, Mo. Date signed 2-16-41

Duration
? 2 years
Underline the cause to which death should be charged statistically.

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

662

#2

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 Henry W. Otto

Henry W. Otto
working under my personal supervision.

Registered Apprentice No. none

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington 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.