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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11037

Registration District No. 417 Primary Registration District No. 5021 Registrar's No. 19

49
6
2

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 708 WEST AUSTIN.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 708 W. Austin 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jerome F. Hartle

3. (b) If veteran, name war

3. (c) Social Security No. 496-054347

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Divorced

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 18 (Day) 1904 (Year)

8. AGE: Years 36 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Carterville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name A. L. Hartle
13. Birthplace Bollinger County (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Edith Boggs
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant A. L. Hartle
(b) Address Webb City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 13 (Day) 1941 (Year)
(c) Place: burial or cremation Carterville Cem

18. (a) Signature of funeral director Webb City Ind Co.
(b) Address Webb City, Mo.

19. (a) MCH 12. 41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11 year 1941 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from March 7, 1941, to March 10, 1941; that I last saw him alive on March 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart — Duration 10 days

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death) 3 3 (?)

Major findings:
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) no
(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? 377 (Specify type of place)
While at work? (e) Means of injury

23. Signature P. B. Munson (M. D. or other) D. O.
Address Webb City, Mo Date signed 3-12-41

(Licensed Embalmer's Statement on Reverse Side)

41-4-307

**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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Wabb City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**