

13-40  
7-39  
X231

JUL 7 1941  
Registration District No. **182**

Primary Registration District No. **5252**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: *Christian*

(a) County \_\_\_\_\_

(b) City or town *rural - Lincoln*  
(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 years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Christian*

(c) City or town *Rural*  
(If outside city or town limits, write "RURAL")

(d) Street No. *Billingham - R #1*  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? *0* years.

3. (a) PRINT FULL NAME *Infant of Mr. + Mrs. Richard Hartner*

3. (b) If veteran, name war *✓*

3. (c) Social Security No. *✓*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *5* year *1941* hour *12* minute *40 P.M.*

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

21. I hereby certify that I attended the deceased from *May 5, 1941* to *May 5, 1941*; that I last saw him alive on *May 5, 1941*; and that death occurred on the date and hour stated above.

7. Birth date of deceased *May 5 - 1941*  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day *1 hr. 40 min.*

Immediate cause of death *was Premature Cause - Insufficient development of lungs*

Due to *Pneumonia - 7 months*

Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

15A

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

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

12. Name *Richard Hartner*

13. Birthplace *Mo.*  
(City, town, or county) (State or foreign country)

14. Maiden name *Betty Alma Hicks*

15. Birthplace *Mo.*  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant *Richard Hartner*

(b) Address *Billingham, Mo. R#1*

17. (a) *Burial* (b) Date thereof *May - 6 - 41*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *St Joseph Cem.*

18. (a) Signature of funeral director *W D Maples*

(b) Address *Clever, Mo.*

19. (a) *June 12, 1941* (b) *Leta Hicks*  
(Date received local registrar) (Registrar's signature)

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? *10*

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

23. Signature *E. L. Deal* (M. D. or other) *MD*

Address *Republic Mo* Date signed *May 5*

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

RECEIVED  
District Health Officer No. 6;

RECEIVED  
District Health Officer No. 6;  
District File Number 741-1012  
Date Filed JUL 3 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.