

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22997

Registration District No. 107

Primary Registration District No. 4530

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

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Potosi Mo  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON  
(c) City or town Potosi Mo. 110  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Bell Hartzell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John B Hartzell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 12 1887  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jefferson County  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Thomas Wall  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Nevas  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Hartzell

(b) Address Potosi Mo

17. (a) Burial (b) Date thereof 7 3 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old mines Mo

18. (a) Signature of funeral director C. H. Boyer

(b) Address Potosi Mo

19. (a) July 2 1941 (b) J. T. Creswell 800  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3 year 1941 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from 6/28/41 to 7/3/41 19\_\_\_\_ to 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
R Side

Due to \_\_\_\_\_  
Due to 420

Other conditions (include pregnancy within 8 months of death) \_\_\_\_\_

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) (z) Means of injury \_\_\_\_\_

23. Signature J. T. Creswell (M. D. or other) 7/3/41  
Address Potosi Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10  
1  
0

**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.....

*C. H. Bay*

Licensed Embalmer No. 4158

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.**