No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1941

Registration District No. 1536

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35854

Primary Registration District No. 3034

Registrar's No. 209

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

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Moberly City

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wabash Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)

In this community 27 da

2. USUAL RESIDENCE OF DECEASED:

(a) State: Iowa (b) County: 47

(c) City or town: Blanchard

(If outside city or town limits, write "RURAL")

(d) Street No.: ✓

(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ida Odell Hartzel

3. (b) If veteran, name war:

3. (c) Social Security No.: 703-01-2082

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Jacob J. Hartzel

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

7. Birth date of deceased: Sept. (Month) 13th (Day) 1880 (Year)

8. AGE: Years 61 | Months 1 | Days 5 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) (State or foreign country) Mo

10. Usual occupation: Station Helper

11. Industry or business: Wabash R.R.

FATHER
12. Name: Hugh McIntire
13. Birthplace: (City, town, or county) (State or foreign country) Ohio

MOTHER
14. Maiden name: Harriett Millard
15. Birthplace: (City, town, or county) (State or foreign country) Unknown

16. (a) Informant: Jacob J. Hartzel
(b) Address: Blanchard, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. (Month) 18th. (Day) 41 (Year)
(c) Place: burial or cremation: Blanchard, Iowa

18. (a) Signature of funeral director: Mahan and Son
(b) Address: Moberly, Mo.

19. (a) Oct 18-41 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1941 hour 5 minute 20 a.m.

21. I hereby certify that I attended the deceased from Sep 8, 1941, to Oct. 5, 1941; that I last saw him alive on Oct 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Head of Pancreas with obstruction of Common Bile Duct	3 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma of Head of Pancreas

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

23. Signature: P. S. Kwiatoski (M. D. ~~or other~~)
Address: Moberly, Mo. Date signed 10-18-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1942

RECEIVED
District Health Officer No. 10
District File Number 11-41-2037
Date Filed NOV 13 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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.