

FILED FEB 16 1942

Registration District No. _____

Primary Registration District No. 6162

Registrar's No. 374

108
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Rural-Washington
(b) City or town Rural-Washington
(c) Name of hospital or institution: State Hospital # 32
(d) Length of stay: In hospital or institution 2 yrs - 9 mos
In this community 2 yrs - 9 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Adrian
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Gladys Erz Hartley

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 24 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 4 28 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____
12. Name Jake Hartley
13. Birthplace Illinois
14. Maiden name Erz
15. Birthplace Illinois

16. (a) Informant: Records, State Hosp # 3

(b) Address Nevada, Mo.
17. (a) Removal (b) Date thereof 1-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial, cremation, or removal Forest Hill Cemetery

18. (a) Signature of funeral director Arthur S. ...
(b) Address Adrian, Mo.

19. (a) Jan 21, 1942 (b) Allen J. ...
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1942 hour 9:15 minute _____ M.

21. I hereby certify that I attended the deceased from April 11, 1939, to Jan. 21, 1942, that I last saw her alive on Jan. 21, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to _____

Other conditions Intertrochanteric Fracture, Rt Femur
(Include pregnancy within 3 months of death)

Major findings: Of operations 1860
Of autopsy 18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident (Fall)

(b) Date of occurrence 1-10-42

(c) Where did injury occur? State Hospital # 3 Nevada, Mo.
(City or town) (County) (State)

(d) Did injury occur in, or about home, on farm, in industrial place, in public place? Hospital
While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Allen J. ... (M. D. or other) M.D.
Address Nevada, Mo. Date signed 1-21-42

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-114

Date Filed 2-13-42

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.....

Fred T. Beatty

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Fred T. Beatty

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.