

**1. PLACE OF DEATH:**  
 (a) County Cass  
 (b) City or town East Lyme, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(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 60 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Cass  
 (c) City or town East Lyme 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 0 years.

**3. (a) PRINT FULL NAME** Simon P. HARTZLER  
 3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 26  
 year 1942 hour 3 minute 25 P.M.

4. Sex M. 6. Color or race Wh. 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Emma Hartzler 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased Feb. 19 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 10, 1942, to Apr. 26, 1942, that I last saw him alive on Apr. 26, 1942, and that death occurred on the date and hour stated above.

**8. AGE:** Years 81 Months 2 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cerebral hemorrhage  
 Due to \_\_\_\_\_  
 Due to 83a!

9. Birthplace Wayne Co. Ohio  
(City, town, or county) (State or foreign country)

Other conditions 83a!  
(Include pregnancy within 3 months of death)

10. Usual occupation Merchant

11. Industry or business Grocery

12. Name Benjamin Hartzler

13. Birthplace La Grange Co. Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Hofsinger

15. Birthplace Wayne Co. Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. P. Hartzler

(b) Address East Lyme Mo.

17. (a) removed (b) Date thereof 4-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington, Ill.

18. (a) Signature of funeral director G. B. Hartzler

(b) Address East Lyme Mo.

19. (a) 4-29-42 (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J. S. Triplett M.D. (M. D. or other) D  
 Address Warrensburg, Mo. Date signed 4-27-42

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

1900

**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. 2717

P. O. Address East Lynne, 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.