No. 2
9-4-41
[illegible]

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18386

State File No. .....

FILED JUN 18 1942

Registration District No. 498

Primary Registration District No. 5663

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Bucklin 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
In this community —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

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

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ✓ Yes (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Logan Hartwell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Sept (Month) 29 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	7	26	..... hr. ..... min.

9. Birthplace Macon Co. (City, town, or county) Mo D (State or foreign country)

10. Usual occupation Electrician

11. Industry or business —

FATHER
12. Name Richard Hartwell
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sarah Horrum
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Lewis Larsen
(b) Address Bevier Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bevier Mo

18. (a) Signature of funeral director H. G. Edwards
(b) Address Bevier Mo

19. (a) 5-27-1942 (Date received local registrar) (b) W W Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour ..... minute 3:30 A M.

21. I hereby certify that I attended the deceased from 4/4, 1942 to 5/25, 1942 that I last saw him alive on 5/1/42, 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Gastrica ✓

Due to Chronic Myocarditis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 D. C. Grear (M. D. or other) DCG

Address Bucklin Mo. Date signed 5/25/42

436

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dean

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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
--8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18 386

Registration District No. 498 Primary Registration District No. 5663 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Logan Hartwell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 29 (Day) 1886 (Year)

8. AGE: Years 55 Months 7 Days 29 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration

Carcinoma Gastria

Due to Primary in cardiac end of stomach and lower end of esophagus, stenosing the esophagus.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

A6

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 D. C. Grear (M. D. or other) DC

Address Bucklin, Mo. Date signed 7/9/42