

FILED AUG 10 1942

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 154

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: EAST GRAND RIVER ST. 6171  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community 7 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton

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

(d) Street No. R.R. 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME JOHN R. HARTLE

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mary Louise Hartle

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

7. Birth date of deceased Nov 27 1854  
(Month) (Day) (Year)

8. AGE: Years 87 Months 7 Days 21  
If less than one day hr. min.

9. Birthplace Warsaw - Benton Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER

12. Name CORNELIUS HARTLE

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

14. Maiden name LEAH LAWLER

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

16. (a) Informant C. N. HARTLE

(b) Address CLINTON - 617 E. Grand River

17. (a) Burial (b) Date thereof July 20 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River Side Cem. Benton Co

18. (a) Signature of funeral director J. A. Lassant

(b) Address Clinton Mo

19. (a) July 20 1942 (b) Georgia Kitchey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1942 hour 12:00 clock noon

21. I hereby certify that I attended the deceased from 9 years 3  
years ago 1939 to 7-18 1942  
that I last saw him alive on 7-18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure  
Due to bronchitis, chronic  
senility

Due to 930

Other conditions 930  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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?.....  
(Specify type of place) (e) Years of injury

23. Signature J. C. Pector (M. D. or other) MD  
Address Clinton Mo Date signed 7/19/42

RECEIVED

District Health Officer No. 7,

District File Number 8-42-880

Date Filed 8-7-43

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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

*Kenneth Jackson*

Licensed Embalmer No.

*3954*

P. O. Address

*Clinton, 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, fact should be so stated above.**