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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30835**

FILED SEP 17 1942

Registration District No. **209**

Primary Registration District No. **3043 3043**

Registrar's No. **197**

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution: **St Elizabeth's**
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Ralls**

(c) City or town **R#4 Hannibal MO**
(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 **Clara Ellen Hartmann**

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 **July - 24 1942**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **5** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name **John J. Hartmann**

13. Birthplace **Marion MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Lara Ellen Wilson**

15. Birthplace **Rebeca Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **John J. Hartmann**

(b) Address **R#4 Hannibal MO**

17. (a) **Hydeshurg** (b) Date thereof **July 29-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hydeshurg, Ill**

18. (a) Signature of funeral director **James O. ...**

(b) Address **Hannibal MO**

19. (a) **8-21-42** (b) **R. H. Comer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29** year **1942** hour _____ minute **3a** M.

21. I hereby certify that I attended the deceased from **July 25 1942** to **July 25 1942**
that I last saw her alive on **July 25 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Immature at birth 5 days**

Due to **Toxemia of Pregnancy in mother** 10 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) **19**

Major findings: Of operations **15**

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? _____

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

23. Signature **A. O. Daniel** (M. D. or other) _____

Address **227 A, Broadway** Date signed **8/24/42**

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

1146 (Licensed Embalmer's Statement on Reverse Side)

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 *Michael J. O'Connell*
Licensed Embalmer No. *3246*
P. O. Address *Sumner 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.