S. No. 2
1—1-4-41
. 5-17-39
P I X28390

80
6
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

Registration District No. 274

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31034

Primary Registration District No. 3052

Registrar's No. 327

1. PLACE OF DEATH:

(a) County: Pettis

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

(c) Name of hospital or institution: 1310 East 4th
(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: 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis

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

(d) Street No.: 1310 East 4th
(If rural, give location)

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

80
6
7

3. (a) PRINT FULL NAME: Mrs. Myrtle Mable Hartman

3. (b) If veteran, name war: none

3. (c) Social Security No.:

4. Sex: Female 1

5. Color or race: White 1

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William G. Hartman

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: October 26, 1896 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	10	26	hr. ..... min.

9. Birthplace: Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

FATHER
12. Name: Price Hays
13. Birthplace: Montteau County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Cordelia Sodters
15. Birthplace: Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Neoma Wahlers, (dau.)
(b) Address: 419 N. Hill, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 24, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Crown Hill Cemetery

18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Missouri

19. (a) 9-24-42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 22
year: 1942 hour: 2:10 minute: P.M.

21. I hereby certify that I attended the deceased from July 7 1942, to Sept. 22 1942, that I last saw her alive on Sept 22 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis

Due to: 1/2/a

Due to:

Other conditions: Acute Myocarditis
(Include pregnancy within 3 months of death)
(Generalized Anasarca)

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: G. R. Maddox (M. D. or other) M.D.

Address: 116½ West Main Date signed: 9-24-42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-7-42

AUG 11 194

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.