

S. No. 2  
1-1-4-41  
7. 5-17-39  
X 26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31088  
State File No.

Registration District No. 279

Primary Registration District No. 4415

Registrar's No. 21

82  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pike

(b) City or town CLARKSVILLE  
(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 years, months or days)

In this community ✓  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Clarksville 9  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert R. Hartstone

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27  
year 1942 hour \_\_\_\_\_ minute 5 P. M.

21. I hereby certify that I attended the deceased from Aug 10, 1942 to Sept 27, 1942  
that I last saw him alive on Sept 27, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

Immediate cause of death Carcinoma of stomach Duration 2 months

Due to Unknown

7. Birth date of deceased Jan 30 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H6

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

10. Usual occupation Farmer

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Hartstone

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Puetzer

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Hartstein

(b) Address Clarksville

17. (a) Buried (b) Date thereof Sept 29, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

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 \_\_\_\_\_

18. (a) Signature of funeral director Harry Harroce

(b) Address Clarksville

19. (a) Sept 29, 1942 (b) Clarence T. Roberts  
(Date received local registrar) (Registrar's signature)

23. Signature E. M. Bartlett (M. D. or other)  
Address Clarksville Mo Date signed 9/28/42

DEC-29 1942

RECEIVED

District Health Officer No. 10

District File Number 10-42-1847

Date Filed OCT-7 1942

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 *me*

working under my personal supervision. Registered Apprentice No. ....

Signed *Harry Garroes*

Licensed Embalmer No. *2439*

P. O. Address *Charlottesville Va*

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.