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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. .....
Registration District No. ~~319~~ .....
Primary Registration District No. 2000
Registrar's No. 737

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 112
(a) State Missouri (b) County Webster 0
(c) City or town ~~Rural~~ Marshfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME William Douglas Hartley
3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex Male
5. Color or Race White
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife Roberta Hartley
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased September - 18 - 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	0	25	x hr. x min.

9. Birthplace Marshfield, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Daniel Hartley
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Mullinax
15. Birthplace Unknown Tennessee 1
(City, town, or county) (State or foreign country)
16. (a) Informant David Hartley,
(b) Address Tulsa, Oklahoma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. - 15 - 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Timber Ridge
18. (a) Signature of funeral director Lex Lanney
(b) Address Marshfield Mo
19. (a) 10-15-42 (Date received local registrar) (b) 10 N. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1942 hour 4 minute 05 P.M.
21. I hereby certify that I attended the deceased from Oct 3
1942, 19..., to Oct 13, 1942
that I last saw him alive on Oct 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy -	10 days
Due to	
Due to	

93d

Other conditions Chronic Heart Dis.
(Include pregnancy within 3 months of death)
with Auricular Fibrillation

Major findings:
Of operations .....
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?
..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Guy L Callaway (M. D. or other) MD
Address Springfield Mo Date signed 10/14/42

107 (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 Lex Lainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, M

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

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