

Registration District No. 27

Primary Registration District No. 50963005

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
Butler Memorial 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. Mt. Pleasant, Tup.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George Matthew Hartick

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs Martha Hartick

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 20 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>6</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Henry H. Hartick

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

14. Maiden name Emily

15. Birthplace Pike Co Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Hartick

(b) Address Butler, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Dec 21 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Wak Hill

18. (a) Signature of funeral director builders

(b) Address Butler, Missouri

19. (a) Dec. 21, 1942 (Date received local registrar)

(b) Mrs. Marvyn Lumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20th year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from October 4 to Dec 20, 1942

that I last saw him alive on Dec 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myo carditis and Bronch. pneumonia

Duration 2 weeks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature Carl W. Butler (M. D. or other) _____

Address Butler, Mo. Date signed 12/21/42

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

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1390

Date Filed 1-12-43

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.....

A. E. Carlus

Licensed Embalmer No. 2576

P. O. Address.....

Buena Vista 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.