

LED FEB 9 1943

Registration District No. **120**

Primary Registration District No. **4196**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Darlington
(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)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Darlington
(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 Susan Isabel Hartley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Minnis Hartley 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 26 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name Adkins Torbet

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

14. Maiden name Susan Messmer

15. Birthplace Unk. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Minnis Hartley

(b) Address Darlington, Mo.

17. (a) Burial (b) Date thereof 1/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeler Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 1/19/43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1943 hour 9 minute 55 P.A.M.

21. I hereby certify that I attended the deceased from Oct 6th
1942 to Jan 18th 1943
that I last saw her alive on Jan 18th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Due to _____
Due to _____

Other conditions Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 13/a

Duration	PHYSICIAN
<u>2 days</u>	<u>[Signature]</u>
	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 [Signature] (M. D. or other) _____
Address [Address] Date signed Jan 1943

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

MOTHER FATHER

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*

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

Signed *E. Clifford Burha*

Licensed Embalmer No. *3329*

P. O. Address *Alway MD*

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.