

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3767

State File No.

Registrar's No.

FILED JAN 3 1943
Registration District No.

Primary Registration District No. 6219

1. PLACE OF DEATH:

(a) County Dade VERNON
(b) City or town Milo R-1 Rural
(c) Name of hospital or institution Drywood Ins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME WALLEN HARTMAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ELZABETH HARTMAN 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Jan 16 1859 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Adair A DAHE CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name JACOB HARTMAN
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name ANNE DAY
15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant Idamay Robinson
(b) Address MONTEVALLO MO.

17. (a) Removal (b) Date thereof Jan 14 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fair View Cemetery

18. (a) Signature of funeral director W. B. Beatty

(b) Address Sheldon Mo

19. (a) Jan 13, 1943 (b) Wesley Ludwig (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON
(c) City or town RURAL Drywood Ins (If outside city or town limits, write "RURAL")
(d) Street No. Milo R-1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Jan 3 1943 to Jan 12 1943 that I last saw him alive on Jan 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations

Of autopsy

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 W. H. Egleston (M. D. or other) MD

Address Sheldon Date signed 1-13-43

(Licensed Embalmer's Statement on Reverse Side)

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

1226

FEB 1 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.