

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

FILED MAY 6 1943
Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 837

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warren Park, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Warren Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren

(c) City or town Warren Park, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Warren St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Bohly Hartsfield

3. (b) If veteran, name war..... ? ?

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from March 30
43 to April 10 43
that I last saw in alive on April 10 1943
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mathie Hartsfield 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct-5- 1876
(Month) (Day) (Year)

Immediate cause of death..... Chronic Myocarditis
Rheumatism

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

67 hr. min.

9. Birthplace Batesville, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Major findings:
Of operations..... G.S.

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name..... ? ?

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

14. Maiden name..... ? ?

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

16. (a) Informant John Hartsfield, Sr.

(b) Address 307 McQuire St. Kinloch, Mo.

17. (a) Burial (b) Date thereof 4-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Rayd Blue

(b) Address Lick Station, Kinloch, Mo.

19. (a) 4-7-43 (b) W. McQuire, Mo.
(Date received local registrar) (Registrar's signature)

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. McQuire (M. D. or other) W.S.
Address W. McQuire, Mo. Date signed 4/5/43

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..... *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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.