

Heath & PM

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38132

Registration District No. 1221

Primary Registration District No. 5418

Registrar's No. 535

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

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: 1 Twp

(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 Mo (b) County Douglas ³⁴

(c) City or town Mc Mustard
(If outside city or town limit, write "RURAL") Twp

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years ⁰

3. (a) PRINT FULL NAME ABBIGAIL Celestia Hartwell

3. (b) If veteran, name war _____ **3. (c) Social Security** No. 1

4. Sex female **5. Color or race** white

6. (a) Name of husband or wife Geo. E. Hartwell **6. (c) Age of husband or wife if** 4 1863
alive _____ years (Day) (Year)

7. Birth date of deceased April 4 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Allamore Douval
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

12. Name David Mc Gown

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

14. Maiden name Eliza Francis

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

16. (a) Informant Audrey M. Bevan

(b) Address Cold Spring, Mo

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** July 25-43
(Month) (Day) (Year)

(c) Place: burial or cremation Breech knot

18. (a) Signature of funeral director None - Neighbor

(b) Address 17 Mc Mustard Twp

19. (a) 12-1-1943 **(b) Mrs. J. R. Spauld**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1943 hour 4 minute 4 P. M.

21. I hereby certify that I attended the deceased from Feb. 15
_____, 1943, to July, 1943;
that I last saw her alive on July 5, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
of
uterus

Due to Old age and
general infirmity

Due to _____

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

Major findings: None

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 J. R. Spauld (M. D. or other) _____

Address None **Date signed** 7/24/43

Duration long
white

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1056

RECEIVED

District Health Officer No. 6,

District File Number

1243-1348

Date Filed

12-8-43

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 _____

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, above space should be left blank.