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

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS 1943  
 FILED NOV 128 1943

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH  
 2000

State File No. 38220  
 Registrar's No. 913

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield  
 (c) Name of hospital or institution: Springfield Baptist Hospital  
 (d) Length of stay: In hospital or institution 3 hrs.  
 In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Dallas  
 (c) City or town Buffalo "Rural"  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Arthur Hartman  
 3. (b) If veteran, name war Unk. 3. (c) Social Security No. Unk.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 6  
 year 1943 hour 2 minute 45 P.M.

4. Sex M 5. Color or race Whr 6. (a) Single, widowed, married, divorced MARRIED  
 (b) Name of husband or wife Lucy Ellen Hartman 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased July 16 1865 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 6 1943 to Nov 6 1943, 1943.  
 that I last saw him alive on Nov 6 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 3 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Fracture base of skull (anterior fossa thru orbits)  
 Due to Fracture mandible  
 Due to Chest injury degeneration  
 Other conditions Non-Collision  
 (Include pregnancy within 3 months of death)

9. Birthplace Unk. Illinois  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 12. Name Fred Hartman  
 13. Birthplace Unknown Unk?  
 14. Maiden name Francis Clingensmith  
 15. Birthplace Unknown Unk.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 1700-8  
 1/1

16. (a) Informant Mrs. Lucy Ellen Hartman  
 (b) Address Buffalo Mo  
 17. (a) Buried (b) Date thereof 11-8-43  
 (c) Place: burial or cremation Buffalo Mo  
 18. (a) Signature of funeral director L. B. Jones  
 (b) Address Buffalo Mo  
 19. (a) 11-8-43 (b) R. K. Handley  
 (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) Accident  
 (b) Date of occurrence Nov 6 1943  
 (c) Where did injury occur? Dallas County Mo  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm truck backed over him  
 While at work No (e) Means of injury Truck  
 23. Signature Roger Glynn (M.D. or other) M.D.  
 Address Springfield Mo Date signed 11-7-43

Duration 4 hrs  
 Underline the cause to which death should be charged statistically.

**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 Charles A. Roof

Licensed Embalmer No. 32484

P. O. Address Buffalo MS

**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.