

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 26 1944

Primary Registration District No. 5414

Registrar's No. 20

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Rural Washington
(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. 1
(Specify whether years, months or days)

In this community 1
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava, Missouri Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3
(If rural, give location)

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

3. (a) PRINT FULL NAME Bonnie Hartin

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

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

6. (b) Name of husband or wife George Hartin 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased: October 19 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 3 Days 29 If less than one day 0 hr. 0 min.

9. Birthplace Pansy, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

MOTHER FATHER { 12. Name Will Thomas

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

14. Maiden name Laura Stillings

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

16. (a) Informant Amos Thomas

(b) Address R. 3, Ava, Missouri

17. (a) Burial (b) Date thereof 2-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 3-1-1944 (b) Wm. V. R. Spaulock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1944 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Feb 15, 1944 to Feb 18, 1944; that I last saw her alive on Feb 18, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): 184 117

Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Of operations _____

Of autopsy _____

PHYSICIAN: _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1 0 24

(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature J. L. Gentry (M. D. or other) 0

Address Ava, MO Date signed 2-21-44

Dr. J. L. Gentry

RECEIVED

District Health Officer No. 6,

District File Number 344-380

Date Filed MAR 16 1944

APR 17 1945

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 *W. B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address *Qra no*

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.