

FILED JUL 14 1944

Registration District No. **33**

Primary Registration District No. **45-276220**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Bronaugh Rural Harrison Mo**
 (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 _____ (Specify whether)
 In this community **60 years** years, months or days

3. (a) PRINT FULL NAME: **James Harrison Hartzfeld**

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

4. Sex **MO**
 5. Color or race **A**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Namie Hartzfeld**
 6. (c) Age of husband or wife if alive **57** years
 7. Birth date of deceased: **May 13 1884**
 (Month) (Day) (Year)

8. AGE: Years **60** Months **1** Days **16** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farming**

11. Industry or business **Own farm**

MOTHER FATHER
 12. Name **Gasfroy Hartzfeld**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Katherine Gieper**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mayme Hartzfeld**
 (b) Address **Bronaugh Mo R. 1**

17. (a) **Burial** (b) Date thereof **May 7 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **McKee Chapel**

18. (a) Signature of funeral director **Harry Funeral Home**
 (b) Address **Neosho, Missouri**

19. (a) **July 6-44** (b) **J. J. Moxel**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Bronaugh (Rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rt 1** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **U**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29** 19**44**
 year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **6-19** 19**44** to **6-29** 19**44**
 that I last saw him alive on **6-29** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Probably ventricular standstill on basis of chronic congestive heart failure with rheumatic mitral stenosis & regurgitation and paroxysmal fibrillation**
 Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Duration **1 yr.**
 Underline the cause to which death should be charged statistically.

Major findings: _____
 Of operations _____
 Of autopsy **9322**

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 **Robert J. Jari** (M. D. or other)
 Address **Neosho, Mo** Date signed **7-30-44**

1379

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

RECEIVED

District Health Officer No. 71

District File Number 6-44-839

Date Filed 7-13-44

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 Me
....., Registered Apprentice No. 1760
working under my personal supervision.

Signed

L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada Mo

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.