

V. S. No. 2  
DOM-8-43  
Rev. 5-17-39  
X37823

24127

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 10 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 803

Registration District No. 2

Primary Registration District No. 5134

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

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town ST. JOSEPH *W. American*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOSEPH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 38 YEARS (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME ELIZA LOU HARTLEY  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
(b) Name of husband or wife NONE  
(c) Age of husband or wife if alive years months days 17, 1865

7. Birth date of deceased MARCH 17, 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 19 If less than one day hr. min.

9. Birthplace CHILLECOTHE, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business SELF

12. Name PERRY ST. CLAIR

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

14. Maiden name MARY MARSHALL  
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. EVA ROGERS (DAUGHTER)

(b) Address R.F.D. # 3, ST. JOSEPH, MO.

17. (a) BURIAL (b) Date thereof 8/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARY'S CEMETERY  
(Specify type of place)

18. (a) Signature of funeral director John B. Rupp  
(b) Address 6054 PRYOR AVE., CITY  
(c) Date received local registrar 8/7/44 (d) Registrar's signature Steven J. Pickle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town ST. JOSEPH RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 3  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country MISSOURI

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1944 hour 2 minute 0 A. M.  
21. I hereby certify that I attended the deceased from June 1st 1944 to Aug 5th 1944  
that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myo Carditis Duration 2 mos  
Chronic Bronchial Asthma 2 mos  
General Arterio Sclerosis 2 mos

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy no 938  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature H. F. Mundy (M. D. or other) 0  
Address 404 20 3rd St Date signed 8/10/44

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(Licensed Embalmer's Statement on Reverse Side)

**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

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address

*H. Joseph, 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.**