

S. No. 2
1-8-43
5-17-39
P 1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 53818
Registrar's No. 353

FILED NOV 15 1944
Registration District No. 4

Primary Registration District No. 5139

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town rural Coon Island, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 miles SE of Neelyville
(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 Butler 12

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles SE of Neelyville
(If rural, give location)

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

3. (a) PRINT FULL NAME CLYTUS CHARLES HARTLE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 31, 1944, Nov 1, 1944
that I last saw him alive on Oct 31, 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 31, 1944
(Month) (Day) (Year)

Immediate cause of death Pneumonia 7 1/2 months

Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 8 hr 30 min.

9. Birthplace Coon Island Mo
(City, town, or county) (State or foreign country)

Due to _____

Due to 159

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

10. Usual occupation _____

11. Industry or business _____

12. Name Clytus O. Hartle

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Berna Whitehead

15. Birthplace Rapley Co. Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Whitehead

(b) Address Neelyville, Mo

17. (a) Burial (b) Date thereof 11-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coon Island

18. (a) Signature of funeral director Minnie Dial

(b) Address Naylor, Mo

19. (a) 11-8-44 (b) Belle Kinne
(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) _____

(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? _____ (c) Means of injury _____

23. Signature A. J. Farr (M. D. or other) Nov 1

Address Neelyville Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 1144-1530

Date Filed 11-13-44

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

Signed Bryan Mc Cord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.