

No. 2  
-1-4-41  
5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33897

State File No. \_\_\_\_\_

FILED NOV 10 1944

Registration District No. 54

Primary Registration District No. 3010

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 days  
(Specify whether  
In this community 27 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7  
year 1944 hour 5 minute 25 P.M.  
21. I hereby certify that I attended the deceased from 4-20 to 10-7 1944  
that I last saw h. 14 alive on 10-7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
congenital defect  
of small bowel  
(obstruction)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 1579

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MICHAEL DAVID HARTMAN

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Sept. 10, 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 27 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Cape Girardeau, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Harold David Hartman  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Alexie Lee Spensha  
15. Birthplace Stoddard Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Alexie Lee Hartman  
(b) Address Bell City, Mo.

17. (a) Burial (b) Date thereof Oct. 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation pleasant cemetery near St. Francis  
18. Signature of funeral director H. W. Phelps

(a) Address 10-176-44 (b) H. W. Phelps  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (2) Means of injury Motor

23. Signature H. W. Phelps (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Date signed 10/14/44

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

RECEIVED

District Health Officer No. 4  
District File Number 1144-453  
Date Filed 11-7-44

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.....

Lloyd S. Morgan, Registered Apprentice No. ....  
working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3369

P. O. Address Advance me

**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.**