

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1944

Primary Registration District No. **2000**

Registrar's No. **911**

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

1. PLACE OF DEATH:

(a) County Springfield Greene

(b) City or town Springfield Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
611 N. Park Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 611 N. Park Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME William Franklin Hartley

(b) If veteran, name war WWI.

(c) Social Security No. UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12/11/44 to 12/13/44 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 Married

6. (b) Name of husband or wife Josie W. Hartley 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Oct. 16 1879  
(Month) (Day) (Year)

Immediate cause of death Aortic stenosis

Due to Arterio-sclerosis

8. AGE: Years 65 Months 2 Days 2 If less than one day hr. min.

Due to Cystotomy (for prostatic obstruction)

Other conditions Benign hypertrophy of prostate.

9. Birthplace Christian Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown - Beer sold

11. Industry or business a long time

Major findings: Benign hypertrophy of prostate.

Of operations Benign hypertrophy of prostate.

Of autopsy Benign hypertrophy of prostate.

12. Name Thomas Hartley

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

14. Maiden name Paulina Berry

15. Birthplace Unknown unk  
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) None

(b) Date of injury None

(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? No

16. (a) Informant Shirley Mae Hartley

(b) Address 611 N. Park Ave. Springfield Mo

17. (a) Burial (b) Date thereof 12-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Oak

23. Signature J. B. Pammol (M. D. or other) M. A.

Address Spfld, Mo. Date signed 12/14/44

18. (a) Signature of funeral director Fred C. Thieme

(b) Address 1100 Bonville Ave. Spfld. Mo

19. (a) 12-15-44 (b) 5 Mrs. Harshey  
(Date received local registrar) (Registrar's signature)

**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.....

*Fred C. Thieme*

Licensed Embalmer No. *2899*

P. O. Address.....

*Springfield, 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.**

*J*