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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41230**
Registrar's No. **342**

FILED JAN 13 1945

Registration District No. **122**

Primary Registration District No. **5478**

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton-Rural-Marion TWP.
(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) 1

(d) Length of stay: In hospital or institution. _____ (Specify whether _____)

In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy **40**

(c) City or town Trenton-Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Marion Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter Clyde Hartley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Stella Kate Hartley

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 26 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 3 2 hr. _____ min.

9. Birthplace Grundy County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel Hartley

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

14. Maiden name Ann Hinkley

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

16. (a) Informant Stella Kate Hartley

(b) Address Trenton Mo Route 2

17. (a) Burial (b) Date thereof Dec 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural Dale Cemetery

18. (a) Signature of funeral director J. Robertson

(b) Address Lardolo Mo

19. (a) 12-7-44 (b) J. S. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1944 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Nov 28 1944 to _____ 1944
that I last saw him alive on Nov 20 1944
and that death occurred on the date and hour stated above. *

Immediate cause of death Coronary Thrombosis

Due to Sclerosis of Coronary arteries

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

Major findings: 94

Of operations _____

Of autopsy None

PHYSICIAN _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 3

23. Signature J. S. Roberts (M. D. or other) _____
Address Trenton Mo Date signed 11/29/44

MAR 1 1948

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 M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Md

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.