

1. PLACE OF DEATH:

(a) County MONROE  
(b) City or town RURAL JACKSON TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 9 MI. S.W. OF PARIS  
(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 19 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9 MI. S.W. OF PARIS  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE WILLIAM HARTMAN.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23  
year 1944 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 18<sup>th</sup>, 1944, to Nov. 23<sup>rd</sup>, 1944;  
that I last saw him alive on Nov 23<sup>rd</sup>, 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 MARRIED  
6. (b) Name of husband or wife VIRGINIA ALICE HARTMAN, alive 78 years  
7. Birth date of deceased: SEP 12, 1861  
(Month) (Day) (Year)

Immediate cause of death: Cerebral arterio-sclerosis

8. AGE: Years 83 Months 2 Days 1/2  
If less than one day hr. min.

Due to 552  
Due to \_\_\_\_\_

9. Birthplace RUMNEY VA. 1  
(City, town, or county) (State or foreign country)

Other conditions: Carcinoma of gland  
(Include pregnancy within 3 months of death) 2 neck

10. Usual occupation FARMER.

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

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

Of autopsy \_\_\_\_\_

12. Name CHAS. HENRY HARTMAN

13. Birthplace VA. 1  
(City, town, or county) (State or foreign country)

14. Maiden name JANE HINES

15. Birthplace VA. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Ora Smith  
(b) Address HOLLIDAY, MO

17. (a) burial (b) Date thereof NOV. 25 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holliday, Mo

18. (a) Signature of funeral director Speed at Slaggy  
(b) Address Paris, Missouri

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) (e) Means of injury 0

19. (a) 5-24-44 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature Elbert Baker (M. D. or other) \_\_\_\_\_  
Address PARIS, MO Date signed 5-24-44

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

7  
0  
0

69  
0  
0

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File No. 12-44-2041

Date Filed DEC 14 1944

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 Dixon L. Keady  
Licensed Embalmer No. 4225  
P. O. Address Paris, Missouri

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.