

No. 3
-17-39
X37823

FILED MAY 30 1945
Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 48

1. PLACE OF DEATH:

(a) County... COOPER

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

(c) Name of hospital or institution: ST JOSEPH'S Hospital, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 5 days Hospital
In this community... 8 yrs at Glasgow Mo
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Howard

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

(d) Street No... 2
(If rural, give location)

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

3. (a) PRINT FULL NAME... CHARLES D HARTSHORN

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 12
year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from
Apr. 7 1945 to Apr. 12 1945
that I last saw him alive on Apr. 12 1945
and that death occurred on the date and hour stated above.

4. Sex... MALE

5. Color or race... NEGRO

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

6. (b) Name of husband or wife

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

7. Birth date of deceased... MAY 17 1898
(Month) (Day) (Year)

Immediate cause of death... Acute glomerular nephritis
Due to Burns of extremities

Duration 5 days

8. AGE: Years 46 Months 10 Days 25
If less than one day hr. min.

Due to

Other conditions... None
(Include pregnancy within 3 months of death)

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

Major findings: Of operations... None
Of autopsy... None

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Underline the cause to which death should be charged statistically.

10. Usual occupation... COMMON LABOR

11. Industry or business... ODD JOBS

12. Name... ANDREW HARTSHORN

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

14. Maiden name... MABEL JACKSON

15. Birthplace... KANSAS CITY Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant... H. HADLEY HARTSHORN

(b) Address... LINCOLN UNIVERSITY JEFFERSON CITY

17. (a) Burial (b) Date thereof... Apr 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... GLASGOW Mo.

18. (a) Signature of funeral director... Andrew Friemuth

(b) Address... Glasgow Mo.

19. (a) Apr. 14 45 (b) Dr. Ches. Swep.
(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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature... J. H. [unclear] (M. D. or other)

Address... Brimville, Mo. Date signed... 4/13/45

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

MOTHER FATHER

1088

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5/2/45

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

J. Walker Ainsley

Licensed Embalmer No. *3336*

P. O. Address *Glasgow Ill*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Man
Registrar's No. 488

Registration District No. 82 Primary Registration District No. 3017

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Bronville, Mo
(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)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles O. Hartshorn
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April 1945 year, hour 12 minute 32 M.
21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Duration
Due to.....
Due to.....

7. Birth date of deceased May 17 1888
(Month) (Day) (Year)
8. AGE: Years 46 Months 10 Days 2 If less than one day..... min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Mo
(City, town, or county) (State or foreign country)
10. Usual occupation.....
11. Industry or business.....
12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant..... (b) Address.....
17. (a) (Burial, cremation, or removal)..... (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....
18. (a) Signature of funeral director..... (b) Address.....
19. (a) (Date received local registrar)..... (b) (Registrar's signature).....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Home burned
(b) Date of occurrence.....
(c) Where did injury occur? Glasgow Strand Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home burned
While at work? Yes (Specify type of place) (e) Means of injury fire
23. Signature W. J. ... (M. D. or other) Date signed 5/6/45
Address Bronville, Mo

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

SUPPLEMENTARY INFORMATION REQUESTED

13238