S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34294

State File No.

Registration District No. 272 Primary Registration District No. 3908 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Hermondale Halland Rural
(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 None (Specify whether
In this community 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Hermondale 0
(If outside city or town limits, write "RURAL")
(d) Street No. Halland (Rural) 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joe Mathis Hartzog
3. (b) If veteran, name war No
3. (c) Social Security No. —
4. Sex M 2
5. Color or race Cal
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 9 (Day) 1944 (Year)

8. AGE: Years 0 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Hermondale (City, town, or county) MO (State or foreign country)
10. Usual occupation Child
11. Industry or business —
FATHER
12. Name Lishert Hartzog
13. Birthplace (City, town, or county) PSC 1 (State or foreign country)
MOTHER
14. Maiden name Eula Mae Jackson
15. Birthplace Pritchet (City, town, or county) Miss 1 (State or foreign country)
16. (a) Informant Eula Mae Hartzog
(b) Address Hermondale MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director J. J. German
(b) Address Steele MO
19. (a) 10-30-45 (Date received local registrar) (b) S. L. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1945 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury —
23. Signature D. C. McLean (M. D. or other)
Address Holland MO Date signed 10-6-45

1524

(Licensed Embalmer's Statement on Reverse Side)

10-45-199

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

Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.