

FILED DEC 15 1945
STANDARD CERTIFICATE OF DEATH

State File No. **37571**

Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **213**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Carthage Hotel - No. Main St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
In this community **40 Years**

3. (a) PRINT FULL NAME RICHARD D. HARTLEY

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mandy Elizabeth Hartley** years
6. (c) Age of husband or wife if **9** years
7. Birth date of deceased **January 9, 1857**
(Month) (Day) (Year)

8. AGE: Years **88** Months **10** Days **19**
If less than one day hr. min.

9. Birthplace **Cedar County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER { 12. Name **Richard Hartley**
13. Birthplace **X Tenn. /**
(City, town, or county) (State or foreign country)
14. Maiden name **Elmira Underwood**
15. Birthplace **X Tenn. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lewis Hartley**
(b) Address **Carthage, Missouri**

17. (a) **Burial** (b) Date thereof **11-30-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fasken Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Missouri**

19. (a) **11-30-45** (b) **P. B. Centonzo**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **Carthage Hotel, No. Main St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27**,
year **1945** hour **10:00** minute **P.** M.

21. I hereby certify that I attended the deceased from
..... 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Chronic Myocarditis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **920 Chamberlaine**

Duration
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) (e) Means of injury

23. Signature **H. W. Bergelt** (M. D. or other) **Do**
Address **3114 Joplin** Date signed **11/29/45**

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

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..... *Edmund*
Licensed Embalmer No. *2222*
P. O. Address. *Overhage*

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.