S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38005

State File No.

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 58

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: CO. INFIRMARY 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YRS (Specify whether

In this community X years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 6

(c) City or town HOLLIDAY (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME TOBITHA ELLEN HEARTMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife JAS. HARTMAN

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

7. Birth date of deceased DEC. (Month) 25 (Day) 1883 (Year)

8. AGE: Years 61 Months 10 Days 18 If less than one day hr. min.

9. Birthplace LINCOLN (City, town, or county) NEBR. 1 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOHN W. PATTON 1
13. Birthplace (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name MARGRET SKEEN
15. Birthplace (City, town, or county) VA. 1 (State or foreign country)

16. (a) Informant CHAS. PATTON

(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 15, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation HOLLIDAY, MO.

18. (a) Signature of funeral director Speed & Blakey

(b) Address PARIS, MO.

19. (a) NOV. 14, 1945 (Date received local registrar) (b) Elbert Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 13 year 1945 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Nov 10, 1945, to Nov 13, 1945 that I last saw alive on Nov 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 Dy

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 Geo M. Ragsdale (M. D.)

Address PARIS, MO Date signed 11-14-45

1 4 15 (Licensed Embalmer's Statement on Reverse Side)

DEC 10 1945

RECEIVED
District Health Officer No. 10
District File Number 12-45-1809
Date Filed ~~DEC~~ 1945
DEC 4 1945

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 W. G. Blakey

Licensed Embalmer No. 2616

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.