No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13867

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 134

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1620 E. Street
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64

(c) City or town: Hannibal ?
(If outside city or town limits, write "RURAL")

(d) Street No.: 1620 E. Street 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: Katherine Louise Hartman

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

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: July (Month) 27 (Day) 1938 (Year)

8. AGE: Years 7 Months 8 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: Hannibal (City, town, or county) MO (State or foreign country)

10. Usual occupation: Student

11. Industry or business .....

FATHER
12. Name: Louise E Hartman
13. Birthplace: MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Katherine Alberta Webb
15. Birthplace: MO (City, town, or county) (State or foreign country)

16. (a) Informant: Katherine Webb Hartman

(b) Address: 1620 E St. Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 2nd 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Burial Park

18. (a) Signature of funeral director: James O'Donnell

(b) Address: Hannibal Mo

19. (a) 4-5-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1946 hour ..... minute 12:05 P.M.

21. I hereby certify that I attended the deceased from July 28, 1946 to March 30, 1946 that I last saw him alive on March 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	
Due to: Diphtheria	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 0	

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: B. L. Murphy (M. D. or other) MD

Address: Hannibal Mo Date signed 4-6-46

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(Licensed Embalmer's Statement on Reverse Side)

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 H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo

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.