

No. 2  
-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

16:00

**FILED** **DR. MARY 21 1946**

**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 217

Primary Registration District No. 3016

Registrar's No. 110

**1. PLACE OF DEATH:**

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Cole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Greenberg Rd  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jon Hartley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 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 May 4 1946  
(Month) (Day) (Year)

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

9. Birthplace Jefferson City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Clarence Hartley  
13. Birthplace Elston, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Thelma Langkop  
15. Birthplace Bunceton, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Hartley

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof May-8-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shap J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 5-8-46 (b) R.P. Davis MD  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 7  
year 1946 hour 12: minute 50 P. M.

21. I hereby certify that I attended the deceased from May 4  
46 to May 7 1946  
that I last saw him alive on May 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Erythro-blastosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

3 days

**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) (c) Means of injury 1

23. Signature R.P. Davis (M. D. or other) M.D.  
Address Jefferson City, Mo. Date signed 5-8-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 5-18-46

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.

*John Embalmer*

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.