No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29380

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Mo Rural Wash. Tp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp #3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 25 years (as attendant.) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

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

(d) Street No. State Hosp No 3 "
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Flora Hartson.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Holly R. Hartson

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

7. Birth date of deceased May (Month) 20 (Day), 1884 (Year)

8. AGE: Years 62. Months 3 Days 5 If less than one day hr. — min.

9. Birthplace Ketterman (City, town, or county) Mo (State or foreign country)

10. Usual occupation Hospital attendant

11. Industry or business none

MOTHER FATHER

12. Name Harry G Strang

13. Birthplace Cole Co (City, town, or county) Mo (State or foreign country)

14. Maiden name Nancy Compton

15. Birthplace Versailles (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Cecil Compton

(b) Address Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 28 46 (Month) (Day) (Year)

(c) Place: burial or cremation Berea Cemet

18. (a) Signature of funeral director Franklin Home

(b) Address Nevada Mo

19. (a) 9-3-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1946 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from ~~July 23~~ July 23, 1946 to Aug 26, 1946 that I last saw her alive on Aug 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration

Due to Chronic Heart Disease — Duration

Due to Arteriosclerotic — Duration

Due to — Duration

Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations none 0

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No!

(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 Paul L Barone (M. D. or other)

Address State Hosp No 3 Date signed Aug 26 1946

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo

331

JAN 4 1956

REC ... No. 7

8-46-940

9-10-46

Date Filed

APR 28 1947

APR 4 1947

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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed L B Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.