

No. 2 -
5-43
5-17-39
I X36671

FILED NOV 21 1946

Primary Registration District No. _____

Registrar's No. 898

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1244 E. Olive /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **32 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **1244 E. Olive** **6**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James D. Hartney

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha Hartney** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 22 1889**
(Month) (Day) (Year)

8. AGE: 57 Years 8 Months 17 Days If less than one day
hr. min.

9. Birthplace **Indianapolis Indiana /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shipping Clerk**
11. Industry or business **Welsh Packing Co.**

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown Unknown /**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha Hartney**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **11/12/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary H. H. Lohmeyer**

18. (a) Signature of funeral director **H. H. Lohmeyer**
(b) Address **Springfield, Mo.**

19. (a) **11-12-46** (b) **W. L. Handley M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **9**
year **1946** hour **3** minute **30** p. M.

21. I hereby certify that I attended the deceased from **Nov. 5-28-46 to Nov. 5-28-46**
that I last saw him alive on **Nov. 9**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration _____

Due to **Had been suffering for some time from heart trouble**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations **94A**
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 **E. L. Evans** (M. D. or other) _____
Address **Springfield, Mo.** Date signed **11/11/46**

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

JAN 9 1947

DEC 2 1946

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 *Walter E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.