

FILED JAN 2 1947
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 436

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: South East Mo. Hospital
(If not in hospital or institution, write street number or location) 14 days

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Robert Glenn Hartle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Margaret Davis

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased August 19 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Moses Hartle

13. Birthplace Cape Gir. County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Tora Allen

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

16. (a) Informant Mrs. Glenn Hartle

(b) Address Millersville Mo.

17. (a) Burial (b) Date thereof 12/27/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Niswonger Cemetery

18. (a) Signature of funeral director Wilson, Staley, Debaugh

(b) Address Jackson Mo

19. (a) 12-28-1946 (b) G. C. Summer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir.

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

(d) Street No. 1 mile West Millersville
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1946 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 8
1946, to Dec 24, 1946;

that I last saw him alive on Dec 24, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Duration 8 days

Due to _____

Due to _____

Other conditions appendectomy 13 day
(Include pregnancy within _____ months of death)

Major findings:
Of operations _____

Of autopsy MD

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 J. E. Ruff (M. D. or other) MD

Address Jackson Mo Date signed 12-27-46

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

MOTHER, FATHER

RECEIVED

Act Health Officer No. 4
District File Number 1246-3040
Date Filed 12-30-46

JAN 11 1957

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.