S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1743

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 146

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: S.H.C.S. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 811 Center 2
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME BYRON P. HARTSOCK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased APR (Month) 2 (Day) 1862 (Year)

8. AGE: Years 84 Months 9 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace WARREN Co. (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation RAIL-ROAD CONDUCTOR

11. Industry or business Retired

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 4
15. Birthplace (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs Lloyd E. Hutchins
(b) Address Fulton, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan (Month) 12 (Day) 1947 (Year)
(c) Place: burial or cremation Waynesville, Ohio

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) 1-20-47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1947 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Dec 15, 1946, to Jan 12, 1947; that I last saw him alive on Jan 12, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Senility with Senile Dementia

Due to

Due to

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93D

Of autopsy

Duration

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 2

23. Signature Andrew T. Still (M.D. or other) D.O.

Address Macon Date signed 1-12-47

185

(Licensed Embalmer's Statement on Reverse Side)

MOD 20 1012

JUN 17 1950

RECEIVED
District Health Officer No. 10
District File Number 2-47-207
Date Filed FEB 1 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.....

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

working under my personal supervision.

Signed J. D. Rosson

Licensed Embalmer No. 2555

P. O. Address Fulton 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.