

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 8 1947

Registration District No. 38

Primary Registration District No. 5120

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Route 5 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 5 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME EARNEST NATHANIEL HARTLEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male / 5. Color or race White

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

6. (b) Name of husband or wife Ada Mae Hartley

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

7. Birth date of deceased 6 - 4 - 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Elish Hartley

13. Birthplace Missouri 5
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Hall

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estil Thompson

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 5-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Carver Funeral Service

(b) Address Columbia, Mo.

19. (a) 5-3-47 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1947 hour 12 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Unknown Duration _____

Due to Believed to be heart disease

Due to _____

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

Major findings: _____
Of operations: _____ 95C
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? _____

While at work? E. J. Ward (Specify type of place) (e) Means of injury 3

23. Signature E. J. Ward _____
Address Columbia _____ Date signed May 1-47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-7-47

JUN 2 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 Tom M. Harg
Licensed Embalmer No. 4067
P. O. Address Columbia 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.