

7. S. No. 2
ROOM-5-43
Rev. 5-17-39
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18309

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 19 1947

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Combs

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

(c) Name of hospital or institution: No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether)

In this community About 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

(c) City or town New Madrid, Mo. 4
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HARVE E. HARTWELL

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

3. (c) Social Security No. No.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Salitha Hartwell 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May - 17 - 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 11 1 _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

12. Name Riley Hartwell

13. Birthplace New Madrid (City, town, or county) _____ (State or foreign country)

14. Maiden name Salitha Hartwell

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

16. (a) Informant Sabay Graham

(b) Address 1219 S. 16. St. Louis, Mo.

17. (a) Burial (b) Date thereof 5 7 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti

18. (a)' Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

19. (a) May 8 - 47 (b) Mrs. Jessie Kernage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1947 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from FEB. 1947
_____, 19____, to MAY 6, 1947

that I last saw him alive on MAY 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 4 mo.

Due to Degenerative heart disease

arteriosclerosis

Due to _____

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

Major findings: 9.3.19

Of operations _____

Of autopsy _____

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? _____ (Specify type of place)

(e) Means of injury 0

23. Signature Chuter R. Peck (M. D. or other) M.D.
Address 115 St. Francis St. Kennett Date signed May 6
Mo. 1947

(Licensed Embalmer's Statement on Reverse Side)

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

78
0
0

MOTHER FATHER

5-17-169

MAY 21 1969

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.....

This Body Was Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Leo Hedgespeth*

Licensed Embalmer No..... *3803*

P. O. Address..... *New Roddy, 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.