

FILED JUN 24 1947

Registration District No. 23

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-5-86

State File No. 21414

Registrar's No. 136

1. PLACE OF DEATH:

(a) County **Jasper**

(b) City or town **Carthage Route #3**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **3 months**
(Specify whether years, months or days)

In this community **3 months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **999**

(c) City or town **Dearing** **14**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **No** **2**
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Mary Ann Hertwick**

3. (b) If veteran, * * * name war.....

3. (c) Social Security No. * * *

4. Sex **Female** 5. Color or race **W**

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

6. (b) Name of husband or wife **Joe Hertwick** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **November 26, 1856**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	6	22	hr. min.

9. Birthplace **Cape Girardeau Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House duties**

11. Industry or business.....

12. Name **John Phillip Davis**

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

14. Maiden name **Armenta McClain**

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

16. (a) Informant **Mrs. Clarence Toland.**

(b) Address **Carthage, Missouri Route #3**

17. (a) **Removal** (b) Date thereof **6-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dearing, Kansas.**

18. (a) Signature of funeral director **Hurlbut Mortuary**

(b) Address **Joplin, Missouri**

19. (a) **6-19-47** (b) **L. S. Clontz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **18**
year **1947** hour **12** minute **20** P. M.

21. I hereby certify that I attended the deceased from **June 17, 1947** to **June 18, 1947**.
that I last saw her alive on **June 17, 1947**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Artery dilation of heart.**

Due to.....

Due to **Hypertension + Arteriosclerosis**

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of 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 **L. S. Clontz** (M. D. or other)

Address **Sarabeth Mo** Date signed **6/19/47**

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

MOTHER FATHER

47-6-498

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

Perry K. Skilbeck

Licensed Embalmer No. 959

P. O. Address Joplin, 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.