No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1947

Registration District No. 1377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 28066

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 523 pine 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community Native
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 523 pine 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Etta Hartley

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Dick Hartley

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 3 (Month) - 1 (Day) - 1881 (Year)

8. AGE: Years 66 | Months 5 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace Morehead (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation ✓

11. Industry or business

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

MOTHER
14. Maiden name Caroline Burns 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Winfred Ruckler 1
(b) Address Carthage Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation Thomas

18. (a) Signature of funeral director Monnie Lemmon

(b) Address Milan Mo

19. (a) 8-15-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10 year 1947 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 10, 1947, to Aug 10, 1947; that I last saw her alive on Aug 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	2 yrs
Due to: Chr hypertrophic arthritis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D
Of autopsy None

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) No

(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 0

23. Signature W E Byrd M.D. (M. D. or other)

Address Carthage Mo Date signed 8-11-47

(Licensed Embalmer's Statement on Reverse Side)

41-8-664

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 L. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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.