

S. No. 2
M-8-43
7. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30358

State File No. _____

Registration District No. 37

Primary Registration District No. 5119

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Boone Co.
(b) City or town Sturgeon Centralia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Sturgeon 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 3
(e) Citizen of foreign country? _____ (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME Sabina Hartley

3. (b) If veteran, L name war _____
3. (c) Social Security No. _____

4. Sex F. / 1 | 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Sept. 28 - 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Hom.

11. Industry or business _____

12. Name William Hartley

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

14. Maiden name Mary Ann Patten

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

16. (a) Informant James H. Hartley

(b) Address Clark, Mo

17. (a) Burial (b) Date thereof Sept. 6 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pisgah Barnes & Booth

18. (c) Signature of funeral director _____

(b) Address Sturgeon - Mo.

19. (a) Sept 6 - 47 (b) Maud Mc Bride
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 - 1947
year 2 hour 10 minute _____ M.

21. I hereby certify that I attended the deceased from Mo. 1947
to Sept 31, 1947
that I last saw her alive on Aug 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia; 2 days

Due to Debility following Broncho Pneumonia in March of 1947

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

Major findings: Of operations _____

Of autopsy 61

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) _____ (Specify type of place) _____ means of injury _____

23. Signature W. R. ... (City or other) _____

Address Sturgeon, Mo. Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Date Filed SEP 11 1947

District File Number _____

District Health Officer No. 9

RECEIVED

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 A. E. Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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.