

S. No. 2  
DM-543  
v. 5-17-39  
I X38671

FILED FEB 3 1948

Registration District No. **51**

Primary Registration District No. **5225**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Garden City, rural  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Lydia A. Hartzler  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Oct 13 1877  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 5 If less than one day hr. min.

9. Birthplace West Liberty Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Ezra B. Yoder

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

14. Maiden name Nancy Lusk

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

16. (a) Informant Chas. Hartzler

(b) Address Garden City, Mo.

17. (a) Burial (b) Date thereof Jan. 20 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearfork Cemetery

18. (a) Signature of funeral director A. S. Hartzler  
(b) Address East Lynne Mo

19. (a) Jan 26 1948 (b) Laura J. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Garden City, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18<sup>th</sup>  
year 1948 hour 11 minute 00 a. m.  
21. I hereby certify that I attended the deceased from Feb-2  
1948 to Jan 16 1948  
that I last saw h. alive on Jan 16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cardiac Failure

Due to \_\_\_\_\_  
Carcinoma of Uterus

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
H&B

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature John C. Manis (M.D. or other) Dr  
Address Garden City Mo Date signed 1/20/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
FEB 2 1948

FEB 1 1964

**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. O. Hartley*

Licensed Embalmer No. *2717*

P. O. Address..... *East Lynne 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.**