

FILED MAR 5 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **6041**

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

1. PLACE OF DEATH:

(a) County **Ripley**  
(b) City or town **rural Washington**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6 miles nw of Naylor /**  
(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 years**  
years, months or days

3. (a) PRINT FULL NAME **Douglas Maranales Hartwell**

3. (b) If veteran, name war **no**  
3. (c) Social Security No. **nome**

4. Sex **male**  
5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Stella Long Hartwell**  
6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **June 21, 1895**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>52</b>	<b>6</b>	<b>25</b>	hr. _____ min.

9. Birthplace **Mercer Co. W. Va. /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

12. Name **Gutch Hartwell**

13. Birthplace **Mercer Co. W. Va. /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Fennington**

15. Birthplace **Mercer Co. W. Va. /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Stella Hartwell**

(b) Address **Oxly, Mo.**

17. (a) Burial \_\_\_\_\_ (b) Date thereof **1/18/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairdealing**

18. (a) Signature of funeral director **Minnie Gish**

(b) Address **Naylor, Mo.**

19. (a) **1-18-48** (b) **E. D. Johnston**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ripley 91**  
(c) City or town **rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6 miles NW of Naylor**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months **Jan.** day **16**  
year **1948** hour **8** minute **A. M.**

21. I hereby certify that I attended the deceased from **1-1-1948**  
and that death occurred on the date and hour stated above.  
that I last saw him alive on **1-12-1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Asthma and Endocarditis**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **J. Eddy Adamson** (M. D. or other) \_\_\_\_\_

Address **Warripham, Mo.** Date signed **1-18-48**

District File  
Date Filed

No. 5,  
348146  
3-4-48

**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.....

*Carlos Taylor*

Registered Apprentice No. *60*

working under my personal supervision.

Signed

*Joyan Mc Cord*

Licensed Embalmer No. *4079*

P. O. Address *Taylor, 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.**