

FILED MAR 19 1948
Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 64

1. PLACE OF DEATH

(a) County Cole

(b) City or town Jefferson City
(If inside city or town limits, write "BURIAL" and name of township)

(c) Name of hospital or institution St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City (Rural)
(If outside city or town limits, write "BURIAL")

(d) Street No. 1111
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Milinda Jane Hartley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased August 11 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Ill.
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Abraham Sanders

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

14. Maiden name Unknown Lawrence

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

16. (a) Informant Joyan Hartley

(b) Address 701 - Jefferson City, Mo.

17. (a) Burial (b) Date thereof 3-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elaton, Mo.

18. (a) Signature of funeral director James Lewis

(b) Address 701 Jefferson

19. (a) 3-6-48 (b) R. G. Derr
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1948 hour 10 minute 5:50 P.M.

21. I hereby certify that I attended the deceased from 5:50 P.M.
March 1 1948 to 3-1-48 1948
that I last saw her alive on 5-1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
arteriosclerosis
hypertension

Due to _____

Due to _____

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

Major findings: 37
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 fall

23. Signature James Lewis (M. D. or other) _____

(a) Address 626 Jefferson Date signed 3-6-48

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

MOTHER FATHER

Jayla

Date Filed MAR 18 1948

Director of Health

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 _____

Donald P. Jensen

Registered Apprentice No. 481

working under my personal supervision.

Signed *J. Anderson*

Licensed Embalmer No. 3641

P. O. Address *Jensen*

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.