

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 18681

FILED JUN 25 1948

Registration District No. 38Primary Registration District No. 3006Registrar's No. 165

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1109 E. Broadway
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 38 Years
 years, months or days)

3. (a) PRINT FULL NAME LUCILLE HARTMAN

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife J. Roy Hartman 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 11 - 15 - 1894
 (Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 29 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Bookkeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Robert A. Seaton
 13. Birthplace Boonville Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Carrie L. Martin
 15. Birthplace Trenton Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant J. Roy Hartman
 (b) Address 1109 E. Broadway, Columbia, Mo.

17. (a) Burial (b) Date thereof 6-16-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parvey Funeral Service
Columbia, Mo.

(b) Address _____
 19. (a) 6-16-48 (b) Mrs. R.E. Palmer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1109 E. Broadway
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
 year 1948 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Duration _____

Due to Believed to be heart disease

Due to _____

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

Major findings:
 Of operations 95
 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) _____
 Means of injury Coroner

23. Signature D. J. [Signature] (Mr., Dr., or other) Coroner
 Address Columbia, Mo. Date signed 6/16/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 24 1948

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 *M. D. Whitwides*
Licensed Embalmer No. *3893*
P. O. Address *Columbia Md*

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.