No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19123

FILED JUN 21 1948

Registration District No. 20

Primary Registration District No. 5446

Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Gentry

(b) City or town: Cooper Twp - 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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gentry 38

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Cooper Twp - 0
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME: Dorothy Mayella Hartman

3. (b) If veteran, name war .....

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: George Hartman

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: Dec. (Month) 26 (Day) 1909 (Year)

8. AGE: Years 38 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Presho (City, town, or county) South Dakota (State or foreign country)

10. Usual occupation: House wife

11. Industry or business .....

FATHER
12. Name: Elmer Rouse
13. Birthplace: Harlington (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Elva Corbin
15. Birthplace: Plainview (City, town, or county) Nebr. (State or foreign country)

16. (a) Informant: George Hartman
(b) Address: Darlington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Rouse

18. (a) Signature of funeral director: Clifford Brooks
(b) Address: Albany Mo

19. June 10-48 (Date received local registrar) Homer N. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1948 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 15, 1948 to June 2, 1948 that I last saw her alive on June 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma	
Liver and Gall bladder	6 Months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: X	
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 .....

23. Signature: Charles N. Wilkerson M.D. (M. D. or other)
Address: Gentry Mo Date signed 6-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me, Registered Apprentice No. , working under my personal supervision.

Signed. Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.