No. 300
I—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26812

Registration District No. 155 | Primary Registration District No. 3127 | Registrar's No. 126

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Janev Shinn Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 16 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1329 Ohio 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME WALTER WILLIAM HARTLEY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BEIMA HARTLEY
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 19 (Day) 1875 (Year)

8. AGE: Years 73 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Wichita, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Retired Painter
11. Industry or business

FATHER
12. Name Jonathan Hartley
13. Birthplace Wisconsin (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Celia Stout
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Norman Hartley
(b) Address 835 Hazelwood, Fresno, Calif
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Mt Vernon, Mo
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo
19. (a) AUG 20 1948 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19 year 1948 hour 10 minute 0 P.M.

21. I hereby certify that I attended the deceased from 8-10-, 1948 to 8-19-, 1948; that I last saw him alive on 8-19-, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage	2 mo
Due to: Rupture of spleen	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Pyonephritis	
Major findings: Amyloid degeneration of Kidneys	
Of operations:	
Of autopsy: See "other conditions" above	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. A. Mahoney (M.D. or other) DO.
Address Joplin Mo. Date signed 8/20/48

(Licensed Embalmer's Statement on Reverse Side)

48-8-719

NOV 14 1957

DEC 18 1957

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 F. M. Jones

Licensed Embalmer No. 2519

P. O. Address Joplin 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.

No. 2B
M—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. ..... Primary Registration District No. 3127 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb city
(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 9 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Walter Hartley

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

3. (c) Social Security No. .....

4. Sex .....

5. Color or race .....

6. (a) Single, widowed, married, divorced .....

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive No in [illegible] years

7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)

8. **AGE:** Years | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

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

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Month Aug day ..... year 1948 hour ..... minute ..... 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.

	Duration
Immediate cause of death	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....

Address ..... Date signed .....

SUPPLEMENTARY

1948
S-26812