S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1949

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39831

Primary Registration District No. 2000

Registrar's No. 1112

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 500 West Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 500 West Chestnut 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Hartley

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

3. (c) Social Security No. 290-03-9066

4. Sex Male 0

5. Color or race White

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

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

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

7. Birth date of deceased November (Month) 16 (Day) 1902 (Year)

8. AGE: Years 46 Months 1 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Garment Worker

11. Industry or business Garment Factory

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs W C Jack
(b) Address 1230 E Division, Springfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12-28-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1948 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from 24 Dec 1948
Dead on Arrival, 19 ;
that I last saw h..... alive on ....., 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death History + Inspection of corpse evidently Coronary Occlusion

Due to ✓

Due to ✓

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

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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 0

23. Signature Don F Gose MD (M.D. or other) ✓

Address Springfield, Missouri Date signed 12/27/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1949

FEB 21 1949

JAN 18 1949

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 Jewell E. Kindle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.