

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1981
Registrar's No. 5

BIRTH NO. 48-81533 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355

7 2 4 2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i> 73	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Madrid</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>New Madrid</i> 8	
c. LENGTH OF STAY (In this place) <i>2 1/2</i>		d. STREET ADDRESS (If rural, give location) <i>No. 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>No.</i>			

3. NAME OF DECEASED a. (First) <i>Marquett</i> b. (Middle) <i>Pearl</i> c. (Last) <i>Hartman</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 26-1949</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <i>()</i>	8. DATE OF BIRTH <i>Dec 22-1948</i>	9. AGE (If years last birthday) <i>1</i>	IF UNDER 1 YEAR Days <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during part of his life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>()</i>		11. BIRTHPLACE (State or foreign country) <i>New Madrid D</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>					

13a. FATHER'S NAME <i>F. G. Hartman</i>		13b. MOTHER'S MAIDEN NAME <i>May Fowler</i>		14. NAME OF HUSBAND OR WIFE <i>()</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>()</i>		16. SOCIAL SECURITY NO. <i>()</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Pearl Hartman New Madrid</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bilateral Broncho Pneumonia</i>		DUE TO (b) <i>Pertussis</i>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <i>()</i>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>05</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>O. B. Chandler M.D.</i>		23b. ADDRESS <i>New Madrid Mo</i>		23c. DATE SIGNED <i>1/28-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1-26-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Evangeloon Comatary</i>	
				24d. LOCATION (City, town, or county) (State) <i>New Madrid, Mo</i>	

DATE REC'D BY LOCAL REG. <i>2-7-49</i>		REGISTRAR'S SIGNATURE <i>Helen Lou Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Richards and Co New Madrid, Mo</i>	
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RECEIVED

District Health Office No. 2,

District File Number 249-232

Date Filed 2-8-49

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.