FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1949
Registration District No. 251

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20404
Primary Registration District No. 5856
Registrar's No. 165

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Rural 2½ Mi W. Hopkins Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2½ Mi. W. Hopkins Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Rural 2½ Mi. W. Hopkins 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2½ Mi. W. Hopkins 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Stella Blanche Hartman
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Hartman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept. 8, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	9	18	hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Weaver
13. Birthplace Page County, Iowa. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ada Knizley
15. Birthplace Not Known (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Fred Hartman
(b) Address Hopkins, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 26, 49 (Month) (Day) (Year)
(c) Place: burial or cremation Davis Cemetery
18. (a) Signature of funeral director Loren Davison
(b) Address Clarinda, Iowa.
19. (a) 7-9-49 (Date received local registrar) (b) Bess Holt 29 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1949 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 25, 1949 to June 26, 1949
that I last saw her alive on 6/25, 1949
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus	18 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	1749

Major findings:
Of operations
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 C. W. Kirk (M. D. or other) M.D.
Address Hopkins Mo. Date signed 6/27/49

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 11 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

Body was removed to Clarinda, Iowa where the embalming was done.

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 Loren Davison

Iowa · Licensed Embalmer No. 3148

P. O. Address Clarinda Io

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.