

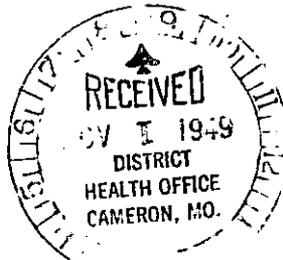
FILED NOV 5 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
State File No. **34425**

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>1322</u> <u>5789</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrison Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Lambe rt. Hospital</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marthinna Hartler</u>				b. (Middle) _____		c. (Last) <u>Craig</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>October 11 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>January 27 1892</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Ubereach Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Hartler</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kepple</u>		14. NAME OF HUSBAND OR WIFE <u>Joshua Harrison Craig</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joshua H. Craig Cainsville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Uterus with metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>July 13, 1949</u> , to <u>Oct 11, 1949</u> , that I last saw the deceased alive on <u>Oct 11, 1949</u> , and that death occurred at <u>4:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Maureen Lambert M. D. U</u>				23b. ADDRESS <u>Princeton, Missouri.</u>		23c. DATE SIGNED <u>10/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cainsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-49</u>		REGISTRAR'S SIGNATURE <u>M. J. Ruth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cainsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



**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, of/ly-----

Eddie J. Stoklasa-----

Student Embalmer No. -----

working under my personal supervision.

Student -----

Student Embalmer

Signed: Eddie J. Stoklasa-----

Licensed Embalmer No. 3602-----

P. O. Address Cainsville, Missouri.-----

**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.