

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

42017
Do not use this space.

1. PLACE OF DEATH

(a) County NewtonRegistration District No. 615(b) Township MarionPrimary Registration District No. 5817Registered No. 20

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Rt. 1 Diamond Mo St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

♂

4. COLOR OR RACE

W Am

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

October 26-1937

7. AGE

YEARS

0

MONTHS

0

DAYS

22

If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rt. 1 Diamond Mo

FATHER

13. NAME

Donell Buckley Hartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Monte Carlo Missouri

MOTHER

15. MAIDEN NAME

Martha Ann Buckley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Reynolds County Missouri

17. INFORMANT (ADDRESS)

Husband Father Diamond Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Diamond Cemetery November 17, 1937

19. FUNERAL DIRECTOR (ADDRESS)

The family and neighbors Diamond Mo. Rt. 1

20. FILED

Nov. 17, 1937 Mrs. W. D. Chapman, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17 193722. I HEREBY CERTIFY, That I attended deceased from , 19 to Nov. 4, 1937I last saw him alive on Nov. 4, 1937. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Marasmus

Date of onset
Oct 26
1937

Other contributory causes of importance:

Premature birth

Name of operation none Date ofWhat test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ernest J. McArthur, M. D.
(Address) Chillicothe Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)