

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28104

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Free Primary Registration District No. 1002
(c) City Jackson City (d) Street No. 10 7th 69th Registered No. 3415
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dr. Bernice L. Harthley 6'5"
(a) Residence, No. 10 W. 69th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jannie Harthley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1886
7. AGE YEARS 56 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dentist
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) Missouri

13. NAME Frank Harthley

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

15. MAIDEN NAME Emma Amy

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

17. INFORMANT Mrs. Jannie Harthley
(ADDRESS) 10 - West 69th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. H. Newcomer's Son
Brushcreek, Pa.

20. FILED Aug 29, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....
I last saw him/her on..... 19..... Death is said to have occurred on the date stated above, at 8:30 P.

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

Atherosclerosis
Atherosclerosis of R. Coronary Artery
Acute Myocardial Infarction
Other contributory causes of importance: 94B

Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? Ashby Was there an autopsy.....

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? Yes
If so, specify.....

(Signed) Russell W. Fisher, M. D.
(Address) ASHBY

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..... *Nell Carr*

Licensed Embalmer No. *3976*

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, above space should be left blank.