FILED SEP 23 1940

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

28611
Do not use this space.

1. PLACE OF DEATH
(a) County Harrison
(b) Township Madison
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 2
Primary Registration District No. 0
Registered No. 336 558 5749 5471 34

2. PRINT FULL NAME Martha Ellen Hartness
(a) Residence, No. 1 Harrison Co Mo Rural
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/16/1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	8	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Illinois

FATHER
13. NAME Isaac Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Elizabeth Donaldson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Arthur Hartness
(ADDRESS) Mt Moriah Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yankee Ridge DATE 8/21 1940

19. FUNERAL DIRECTOR James W Chambers
(ADDRESS) Mt Moriah Mo

20. FILED 8/19 1940 J M Perry
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19th 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1940, to Aug 19th 1940
I last saw her alive on Aug 19 1940. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	8/10/40
AHN	
Other contributory causes of importance: Dropsy	5yrs

Name of operation No Date of
What test confirmed diagnosis? Phys 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) C E Sellers M. D.
(Address) Mt Moriah Mo

(Licensed Embalmer's Statement on Reverse Side)

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

I X12004

RECEIVED
District Health Officer No. 11,
District File Number 940-1333
Date Filed SEP 5 1940

Mrs. Cleland Thomas

STATEMENT BY LICENSED EMBALMER

I, John M Chamber, Licensed Embalmer No. 2109

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed John M Chamber

Licensed Embalmer No. 2109

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.)

No. 2B
-2-21-40
I X22659

MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 286 11

Registration District No. 386 Primary Registration District No. 5471 Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Ellen Hartness
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wd
6. (b) Name of husband or wife Jesse Hartness
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased 12 (Month) 16 (Day) 1872 (Year)
8. AGE: Years 66 Months 8 Days 3 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Isaac Williams
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Donaldson
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Arthur Hartness
(b) Address Mt Moriah Mo.
17. (a) Hamilton Ridge (Burial, cremation, or removal) (b) Date thereof 8/21/1940 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director James W Chambers
(b) Address Mt Moriah Mo.
19. (a) 8/21-40 (Date received local registrar) (b) C E Oden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1940 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from Aug 10, 1940, to Aug 19, 1940, that I last saw her alive on Aug 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration
Due to
Due to
Other conditions Dropsy
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 J Sellers (M. D. or other)
Address Mt Moriah Mo Date signed

SUPPLEMENTARY