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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1943

Registration District No. 9 [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4287.

State File No. 3410

Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town TROY.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN 57 2

(c) City or town TROY 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Thomas Hartley.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LENA HARTLEY.

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased OCT (Month) 16 (Day) 1878 (Year)

8. AGE: Years 65 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace TROY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER.

11. Industry or business RETIRED

FATHER
12. Name UNKNOWN —
13. Birthplace — (City, town, or county) — (State or foreign country) 9

MOTHER
14. Maiden name UNKNOWN —
15. Birthplace — (City, town, or county) — (State or foreign country) 9

16. (a) Informant MRS JOE BROWN
(b) Address TROY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Mo.

19. (a) Jan 15-44 (Date received local registrar) (b) Mrs Hay Jackson (Registrar's signature)

1186

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 3
year 1943 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1940, to Dec. 3, 1943;
that I last saw him alive on Dec. 3, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

92d

Major findings:
Of operations

Of autopsy

Duration

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 V. E. Althaus (M.D. or other) D.O.
Address Troy, Mo. Date signed 12/3/43

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph J. Marsh.

Licensed Embalmer No. 3932

P. O. Address Troy, 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.