

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15131**

FILED MAY 5 1940
Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **96**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(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)

3. (a) PRINT FULL NAME **William Leon Hartman 635**

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 **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased **April 26, 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 0 hr. 28 min.

9. Birthplace **Carthage, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **William H. Hartman** 0
13. Birthplace **Unknown Missouri**
14. Maiden name **Heleen Hensley**
15. Birthplace **Unknown Wash City, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mr. William Hartman**

(b) Address **1023 Orner St., Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **4-27-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fullerton Cemetery.**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 Garrison, Carthage, Mo.**

19. (a) **Apr. 26, 1940** (b) **E. J. McEntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **1023 Orner St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26th**
year **1940** hour **12:** minute **30A.** M.

21. I hereby certify that I attended the deceased from **October 24**, 19**39**, to **4/26/40**, 19**40**
that I last saw him alive on **4/26/40**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **✓**

Due to **Wetters Calongate St.** **1 day**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **154**

Major findings: Of operations **None**
Of autopsy **No**

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? **865**
(Specify type of place) While at work? _____ (e) Means of injury **✓**

23. Signature **M. J. Higgins** (M. D. or other) **MD**
Address **Carthage** Date signed **4/27/40**

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.....

Edmund

Licensed Embalmer No. 2222

P. O. Address Carthage

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.