

FILED NOV 20 1940

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

35862
Do not use this space.

1. PLACE OF DEATH
 (a) County Moniteau Registration District No. 274
 (b) Township Burs Fork Primary Registration District No. 2773A
 (c) City _____ (d) Street No. _____ Registered No. 2-
 (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.
Thomas Edward Hartnett
 2. PRINT FULL NAME
 (a) Residence, No. 0 Moniteau County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Catherine Hartnett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March. 12. 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 6 6
 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. Farmer
 10. Date deceased last worked at this occupation (month and year) 4 yrs 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County
 FATHER 13. NAME James Hartnett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER 15. MAIDEN NAME Ellener Mahoney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT (ADDRESS) Mrs. T. E. Hartnett
California, Mo. R. R. 1
 18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Catholic Cemt DATE Oct. 21 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bowlin Funeral Home
California, Mo.
 20. FILED Oct 18 1940 Jewell W. Phillips
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1940
 22. I HEREBY CERTIFY, That I attended deceased from May 2 1939 to Oct 18th 1940
 I last saw him alive on Oct 18th 1940 Death is said to have occurred on the date stated above, at 3 a.m.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis
99
 Other contributory causes of importance:
oral sepsis
hypertrophied prostate
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) J. P. Burkman Jr M. D.
 (Address) California, Mo.

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.

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 Earl R. Bonlin

Licensed Embalmer No. 2126

P. O. Address California 740

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.