

FILED MAR 8 1943
Registration District No. _____

Primary Registration District No. 5567

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

1000

1. PLACE OF DEATH:
 (a) County Iron
 (b) City or town Rural; Kaolin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles S.W. of Banner
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community three months years, months or days)

3. (a) PRINT FULL NAME Stacy Lucinda Hartzell
3. (b) If veteran, name war no **3. (c) Social Security** No. none

4. Sex fem **5. Color or race** white **6. (a) Single, widowed, married, divorced** married
6. (b) Name of husband or wife Grant Hartzell **6. (c) Age of husband or wife if** 75 years
7. Birth date of deceased February 3 1865
 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name James Bell

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Lucinda Trollinger

15. Birthplace Iron County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Math Harbison

(b) Address Banner Mo.

17. (a) burial (Burial, cremation, or removal) **(b) Date thereof** 2-16-43
 (Month) (Day) (Year)

(c) Place: burial or cremation Banner Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 2-20-43 (Data received local registrar) **(b) Mrs J.C. Rusk** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County 11
 (c) City or town Edwardsville (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 14
 year 1943 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from by Coroners
duties 19____ to _____ 19____;
 that I last saw h. _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
23. Signature W.C. Rusk (M. D. or other) _____
 Address Ironton Mo. Date signed 2-20

MOTHER FATHER

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

REC

District Health Officer No. 4

District File Number 343-1821

Date Filed 3-5-43

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 *Qued White*
.....
Licensed Embalmer No. *3012*
.....
P. O. Address *Fronton Ave*
.....

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.