

APR 9 1941  
Registration District No. 167

Primary Registration District No. 5233

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County CEDAR  
(b) City or town Stockton, Rural 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)  
In this community All of life / (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME William Leonard 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, Widowed  
6. (b) Name of husband or wife Sarah Hartley 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Feb. 8 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 19 hr. \_\_\_\_\_ min.

9. Birthplace Cedar County, Stockton, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas J. Hartley  
13. Birthplace Tenn. / (City, town, or county) (State or foreign country)  
14. Maiden name Marg. Montgomery  
15. Birthplace Tenn. / (City, town, or county) (State or foreign country)

16. (a) Informant Wm Hartley  
(b) Address Parson Kansas  
17. (a) Lindley Prairie (b) Date thereof 11-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Stockton, Mo  
19. (a) Nov. 30, 1940 (b) B. A. Check  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 24  
year 1940 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from Oct 28  
1940 to Nov 24, 1940  
that I last saw him alive on Nov 23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cachexia 1 mo.

Due to Carcinoma of  
Stomach 1 yr

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature James V. Flakety (M. D. or other) \_\_\_\_\_  
Address Stockton Mo Date signed 11-27-40

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

FEB 2 1943

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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton*

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.