

FILED APR 6 1942 743

Registration District No. ....

Primary Registration District No. ....

4445

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Orrick, Mo.  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all of his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME HARVEY ROSS ARTMAN

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 Della Artman 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Dec 23 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business  
12. Name Michael Artman  
13. Birthplace Unknown, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Tarwater  
15. Birthplace Unknown, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elmer Artman  
(b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof March 30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation South Point Cemetery

18. (a) Signature of funeral director O. J. Gibson  
(b) Address Orrick, Mo.

19. (a) 3/30/42 (b) Giffin J. Seminars D.C.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Orrick  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? e (Yes or No)  
If yes, name country: .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29  
year 1942 hour 5 minute 2 P. M.

21. I hereby certify that I attended the deceased from Mar 21  
1942, to Mar 29, 1942  
that I last saw him alive on Mar 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial  
Chronic interstitial nephritis  
Due to Chronic interstitial nephritis  
Due to .....

Duration  
2 wks  
3 yrs.

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 1316  
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) .....

While at work? (Specify type of place) (c) Means of injury

23. Signature Virgil E. Shale (M. D. or other) e  
Address Orrick, Mo. Date signed 3-30-42

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

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 Me

C. V. Gibson, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Quick Mo

**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.