

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

32545
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Arcahaea Primary Registration District No. 4230 Registered No. 57
 (c) City Fronton (d) Street No. _____ St. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of John Olson (deceased)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24th 1852
 7. AGE YEARS 86 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La. 1
 FATHER 13. NAME Peter Hartman 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
 MOTHER 15. MAIDEN NAME Katherine Hilty
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Wm. J. M. Hawkins
Fronton Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Middlebrook Mo. DATE Sept 21 1939
 19. FUNERAL DIRECTOR (ADDRESS) Rike & Richardson
Fronton, Mo.
 20. FILED Sept 23rd 1939 R. A. Rasche
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to September 20, 1939
 I last saw her alive on September 18, 1939. Death is said to have occurred on the date stated above, at 10:15^m A
 The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset
1939

Other contributory causes of importance:

nephritis
bronchitis

1939
1939

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) [Signature] _____, M. D.
 (Address) Fronton Missouri

STATEMENT BY LICENSED EMBALMER

I, Chas Richardson, Licensed Embalmer No. 3167

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Chas Richardson

Licensed Embalmer No. 3167

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.)