

Registration District No. **657**

Primary Registration District No. **4398**

1. PLACE OF DEATH:
(a) County **Perry**
(b) City or town **Altenburg Mo.**
(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 **2**
In this community **68-6-9**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Oswald H. Haertling**
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 **Augusta Haertling** **6. (c) Age of husband or wife if alive** **63** years
7. Birth date of deceased **March 4 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **9** If less than one day
hr. _____ min. _____

9. Birthplace **Cape Girardeau Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER
12. Name **Herman Haertling**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Sobhia Koenig**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rudolf F. Haertling**
(b) Address **Perryville Mo.**

17. (a) Burial (b) Date thereof **Sent. 17 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Altenburg Mo.**

18. (a) Signature of funeral director **Young & Sons**
(b) Address **Perryville Mo.**

19. (a) 9-16-1940 (b) **Walter G. Schmidt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Perry**
(c) City or town **Altenburg**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **13**
year **1940** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 23rd**
1940, to **September 13th**, **1940**;
that I last saw him alive on **September 12th**, **1940**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Arteriosclerosis**

Due to _____

Other conditions **Acute Arthritis**
(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?
5 _____
(Specify type of place)

While at work? **Yes** (e) Means of injury _____

23. Signature **Theodore Fischer** (M.D. or other) **11/15/40**
Address **Altenburg Mo.** Date signed **12/15/40**

Duration **4 yrs.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

79

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 *Charles Young*

Licensed Embalmer No. *2138*

P. O. Address *Perryville mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.