S. No. 2
—11-10-39
. 5-17-39
P I X21492

400

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

FILED FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3163

Registration District No. 461 Primary Registration District No. 5625 Registrar's No.

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town LEXINGTON TWP RURAL
(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 17 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Wellington Mo RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Miles West of LEXINGTON MO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? O 59 years years.

3. (a) PRINT FULL NAME HERMAN OTTO HARTWIG
3. (b) If veteran, name war No
3. (c) Social Security No. 487-05-0470
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IDA MAGDALENE HARTWIG
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Oct (Month) 9 (Day) 1875 (Year)
8. AGE: Years 65 Months 3 Days 21 If less than one day hr. min.
9. Birthplace POSEN (City, town, or county) GERMANY (State or foreign country)
10. Usual occupation RAILROADING
11. Industry or business
MOTHER FATHER
12. Name Fredrick Hartwig
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name HENRIETTA GARNHART
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant MRS. HERMAN HARTWIG
(b) Address WELLINGTON MO RFD 2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation GREENTON CEMETERY
18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO
19. (a) Jan 31/41 (Date received local registrar) (b) Delia Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1941 hour 6 AM minute M.
21. I hereby certify that I attended the deceased from Calls to View Pty, 19, to 1-30, 1941; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Died suddenly apparently natural causes Coronary Occlusion — Duration

Due to

Due to

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

Major findings: Of operations None

Of autopsy No 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) no
(b) Date of occurrence 1-30-41
(c) Where did injury occur? no injury (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)
While at work? (e) Means of injury
23. Signature M. Martin M.D. (M. D. or other)
Address Odessa Mo Date signed 1-30-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-11-41

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

, Registered Apprentice No.

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 205-8

P. O. Address Farmington, 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, above space should be left blank.