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

RTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25662

FILED AUG 25 1941

Registration District No. 75 Primary Registration District No. 4339 Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Tipton
(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 years, months or days)

In this community 87 - 5 - 9

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau 68 2

(c) City or town Tipton 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Adam Hartman

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 Caroline

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 2 (Month) 16 (Day) 1854 (Year)

8. AGE: Years 87 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Moniteau County 0 (City, town, or county) (State or foreign country)

10. Usual occupation retired Farmer

11. Industry or business —

MOTHER FATHER
12. Name Henry Hartman
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Josephine Vliebmann
15. Birthplace Belgium 4 (City, town, or county) (State or foreign country)

16. (a) Informant John Bull
(b) Address Tipton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director L. G. Umhoff
(b) Address Tipton Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 6, 1941 to July 25, 1941; that I last saw him alive on July 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis - unknown

Due to

Due to

Other conditions Chronic Glomerular Nephritis 2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature H. E. Durnell (M. D. or other) 2 D.O.

Address Tipton, Mo Date signed July 27

(Licensed Embalmer's Statement on Reverse Side)

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 L. G. Imhoff

Licensed Embalmer No. 376

P. O. Address Tipton Mo

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25662

Registration District No. 575 Primary Registration District No. 4339 Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton (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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Adam Hartman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 16 (Day) 1854 (Year)
8. AGE: Years 87 Months 9 Days If less than one day hr. min.
9. Birthplace Moniteau Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Henry Hartman
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Josephine Jerleman
15. Birthplace Belgium (City, town, or county) (State or foreign country)
16. (a) Informant John Bull
(b) Address Tipton Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof 7-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Tipton Mo.
18. (a) Signature of funeral director T. G. Imhoff
(b) Address Tipton
19. (a) (Date received local registrar) (b) Mrs. Vera Ferguson (Registrar's signature)

Filed - 7-26-41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 25 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from July 6, 1941 to July 25, 1941 that I last saw him alive on July 21, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death General Arteriosclerosis — Duration
Due to
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)
While at work?
(e) Means of injury
23. Signature L. E. Pennell (M. D. or other) DO
Address Tipton, Mo. Date signed 7/26/41

SUPPLEMENTARY

NOV 3 1940