

FILLED NOV 3 1941

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 307

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City

(c) Name of hospital or institution: St. Marys Hospital
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 1115 - W. Dunblin
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anton V. Hartman

(b) If veteran, name war _____

(c) Social Security No. 702-14-4525

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/24/41 Day 5 hour 5 minute 23 P.M.

21. I hereby certify that I attended the deceased from 10/24/41 1941 to 5:23 10/24/41 1941
that I last saw h _____ alive on _____ 1941;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 6 1886
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Cerebral thrombosis
Due to (thrombosis into ventricle)

Due to city perforation

Other conditions (Include pregnancy within 3 months of death) 1:30

8. AGE: Years 55 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Household Helper

12. Name Joseph Hartman

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Helen Kahrenkamp

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Antonette Sammas

(b) Address 1115 - W - Dunblin

17. (a) Burial (b) Date there Oct. 25-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director James Smith

(b) Address 700 Jefferson

19. (a) Oct. 25-1941 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

Major findings: Of operations no operation

Of autopsy eyes confined diagnosis

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? _____

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

23. Signature Th. H. Kays (M. D. or _____) _____
Address Jefferson City City signed 10-25-41

NOV 5 1941

NOV 26 1941

DEC 17 1941

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. H. Anderson

Licensed Embalmer No.

3641

P. O. Address

Jeff City, 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.