

Registration District No. 536

Primary Registration District No. 4328

Registrar's No. 45

1. PLACE OF DEATH:
 (a) County Mercer County
 (b) City or town Princeton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: No 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Alfred J. Hartman
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NO

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife May Hartman 6. (c) Age of husband or wife if alive 20 years
 7. Birth date of deceased July 4, 1920
 (Month) (Day) (Year)

8. AGE: Years 21 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Joseph B. Hartman

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

14. Maiden name Fill

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

16. (a) Informant Joseph Hartman

(b) Address Princeton, Mo.

17. (a) Guide (b) Date thereof 11-17-41
 (Month) (Day) (Year)

(c) Place: burial or cremation Nebraska

18. (a) Signature of general director Neil Gross

(b) Address Princeton, Mo.

19. (a) 445-41 (b) J.M. Perry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Nebraska (b) County 999
 (c) City or town Omaha (If outside city or town limits, write "RURAL") 95
 (d) Street No. _____ (if rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, 15
 year 1941 hour 6 minute 8 A. M.

21. I hereby certify that I attended the deceased from Not at all
 _____, 19____, to _____, 19____;

that I last saw im alive on Nov. 14th, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Accidental death; 1st, 2nd, 3rd and 4th lumbar vertebrae fractured and pushed in

Due to to abdominal cavity; with complete severance spinal cord

Due to and rupture abdominal aorta. (Pelvis caught between two trucks).

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

Major findings: 1700-6
22
 Of operations _____

Of autopsy As above, together with separation pelvis at pubic fibrocartilage?

to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident.

(b) Date of occurrence Nov. 15, 1941

(c) Where did injury occur? Princeton, Mercer, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Dirt moving crew, building new Ry 2
dumps (Specify type of place) Yes
 (e) Location of injury Caught between two trucks.

23. Signature Dr. B. Nickman (M.D. or other) MD.
 Address Bristow Bldg. Princeton Date signed 11/16-41

PHYSICIAN

Underline the cause to which death should be charged specifically.

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

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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 Paul Mass

Licensed Embalmer No. 2634

P. O. Address Similan No

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.