S. No. 2
M—5-42
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 26 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

15093

State File No. 15093

Registration District No. 274 Primary Registration District No. 3012 Registrar's No. 113

**1. PLACE OF DEATH:**

(a) County: Pettis

(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)

In this community: Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Pettis

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

(d) Street No.: 634 E. 15th
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): No

If yes, name country:

3. (a) PRINT FULL NAME: Alexander Humboldt Hartenbach

3. (b) If veteran, name war: Spanish American

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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: November 23 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 8 If less than one day hr. min.

9. Birthplace: Sedalia (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired Plumber

11. Industry or business:

FATHER
12. Name: Christopher Hartenbach
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Amelia Autrieth
15. Birthplace: Penn. (City, town, or county) (State or foreign country)

16. (a) Informant: Charles Plumlee
(b) Address: Sedalia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia, Missouri

19. (a) 4/1/43 (Date received local registrar) Mrs Anna Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 31st year 1943 hour 7 A.M. minute M.

21. I hereby certify that I attended the deceased from June 1st 1935, 19, to March 31st, 1943, 19; that I last saw him alive on March 30th, 1943 and that death occurred on the date and hour stated above. 11 P.M.

Immediate cause of death: Cardiac Decompensation with Pulmonary Edema — Duration: 3 days

Due to: Chronic Myocarditis. — 1935

Due to:

Other conditions (Include pregnancy within 3 months of death): Senility.

Major findings:
Of operations: None.
Of autopsy: None.

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: None.

(c) Where did injury occur? None. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None. (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Jno. B. Carlile M.D. (M. D. or other)

Address: Sedalia Mo. Date signed: 4-1-43.

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1943

## 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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.**