

Registration District No. ...

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town Liberty
(c) Name of hospital or institution: County Home 5
(d) Length of stay: In hospital or institution. 4 days
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State S. Dakota (b) County minn
(c) City or town unk
(d) Street No. unk
(e) Citizen of foreign country? unk
If yes, name country unk

3. (a) PRINT FULL NAME CHRIS HARTWIG

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex m 5. Color or Race wh 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased. APRIL 27 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 26
If less than one day unk hr. unk min. unk

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

10. Usual occupation unk

11. Industry or business unk

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant N.P. Hart dept county

(b) Address Liberty Mo.

17. (a) Burial (b) Date thereof 5/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation county cemetery

18. (a) Signature of funeral director James Bell Funeral Home
(b) Address Liberty Missouri

19. (a) May 25 1943 (b) Edwin Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23
year 1943 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 21 1943 to May 23 1943
that I last saw him alive on May 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General Relapse disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations unk

Of autopsy

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 Burton Mattingly (M. D. or other) M.D.

Address Liberty Mo Date signed 205-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FILED JUN 11 1943
24
00

926

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number ~~.....~~

Date Filed 6-19-43

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.....

myself.

....., Registered Apprentice No.

working under my personal supervision.

Signed *Victor E. Swinger*

Licensed Embalmer No. *2894*

P. O. Address *Liberty Missouri*

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.