

FILED AUG 7 1943

Registration District No. 25

Primary Registration District No. 4046

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Hartsburg
(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)
In this community 43 Years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Hartsburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FREDAREKA BAUMANN NISTENDIRK

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. J.H. Nistendirk 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 10 - 16 - 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Charles Baumann 13. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fredareka Seiver 15. Birthplace Warrenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. J.H. Nistendirk
(b) Address Hartsburg, Mo.

17. (a) Burial (b) Date thereof 7-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartsburg, Mo.

18. (a) Signature of funeral director Charles Funeral Service
(b) Address Columbia, Mo.

19. (a) 7-21-43 (b) J. G. Meyner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11 / 1943 hour 11 / 45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease
arteriosclerosis
Due to _____
Due to _____

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

Major findings: Of operations 94a
Of autopsy W

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? _____

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

23. Signature B.P. Megey (M. D. or other) _____
Address Hartsburg Date signed 7/21

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

MOTHER FATHER

110
0
0

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Chall Spring*

Licensed Embalmer No. *41372*

P. O. Address *Dumbria*

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.