

S. No. 2  
O.M.—2-43  
v. 5-17-31  
I X35897

34025

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 30

Registration District No. 6

Primary Registration District No. 3001

1. PLACE OF DEATH:

(a) County ADDAIR  
(b) City or town YANDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
713 E. WASHINGTON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 4 years six months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State IOWA (b) County Appanoose  
(c) City or town Mystic  
(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 2

3. (a) PRINT FULL NAME MARGARETHA LOUISE HARTUNG

3. (b) If veteran, name war STATE OF IOWA 3. (c) Social Security No. 00A 4-169  
OLD AGE ASSISTANCE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 13 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MADISON Co. ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NOT OBTAINABLE  
12. Name LINK

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

14. Maiden name NOT OBTAINABLE  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Chris of Hartung  
(b) Address 713 E. WASHINGTON

17. (a) BURIAL (b) Date thereof Nov. 4 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation YANDALIA, MISSOURI

18. (a) Signature of funeral director W. J. Winters  
(b) Address Yandalia Mo

19. (a) Nov 4 1943 (b) Malbe Fugua  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2  
year 1943 hour 7 minute 15 P.M.  
21. I hereby certify that I attended the deceased from February 10 1940 to Nov. 2 1943  
that I last saw her alive on Nov. 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left orbit, involving nasopharynx  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 55 f  
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) Means of injury \_\_\_\_\_  
23. Signature W. J. Winters (M. D. or other)  
Address Yandalia Mo. Date signed 11/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1073

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1943

RECEIVED

District Health Officer No. 10

District File Number 11-43-1794

Date Filed NOV 9 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 W.S. Waters

Licensed Embalmer No. 4298

P. O. Address Wardolin, 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.