S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. B. Meyer

34720

State File No.

FILED OCT 25 1943 12:8

Registration District No.

Primary Registration District No. 2000

Registrar's No. 826

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

1. PLACE OF DEATH: GREENE
(a) County
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1372 Meadowmere
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 49 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1372 Meadowmere
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Benjamin Hartzog
3. (b) If veteran, name war NO
3. (c) Social Security No. Unk.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida Hartzog
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Oct. (Month) 20 (Day) 1893 (Year)

8. AGE: Years 49 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Boilermaker
11. Industry or business
FATHER
12. Name Henry Hartzog
13. Birthplace Ash Grove (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Ellen Fugate
15. Birthplace Ash Grove (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. W.E. Barclay
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant, Cemetery
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 10-12-43 (Date received local registrar) (b) Dr W E Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1943 hour 4 minute 30 a.m.
21. I hereby certify that I attended the deceased from May 15, 1943 to Oct 6, 1943
that I last saw him alive on Oct 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94 b

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address Springfield Mo. Date signed Oct 14-43

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(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1944

AUG 18 1949

MAR 24 1958

MAR 31 1958

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 L Noolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.