S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36945

Registration District No. 363 | Primary Registration District No. 6236 | Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Warren "Rural"

(b) City or town: Charette Marthasville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ev. Emmanuel Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren 109

(c) City or town "Rural" Marthasville Mo 0 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles northeast of Marthasville
(If rural, give location)

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

If yes, name country D

3. (a) PRINT FULL NAME HARTING, Ed. A.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Wh

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 July (Month) 1 (Day) 1843 (Year)

8. AGE: Years 70 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Feebleminded

11. Industry or business none

MOTHER FATHER

12. Name not known

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

MOTHER

14. Maiden name not known

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

16. (a) Informant John G. Ruhl

(b) Address Marthasville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Emmanuel Home Cem

18. (a) Signature of funeral director Fred W. Lichtenberg

(b) Address Marthasville Mo

19. (a) Oct. 25, 1943 (Date received local registrar) (b) Ethel Lehr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Oct 21, 1943 that I last saw him alive on Oct 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Sigmoid Colon	8 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 N. Johnson (M. D. or other)

Address Marthasville Mo Date signed 10/24/43

245 (Licensed Embalmer's Statement on Reverse Side)

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 Fred W. Leichtenberg

Licensed Embalmer No. 132 K

P. O. Address Martinsville Va

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.