

**FILED** - MAR 20 1944  
Registration District No. 1944

Primary Registration District No. 5303

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town "RURAL" Jefferson Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D.#2, Jefferson City, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 70 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D.#2, Jefferson City, Mo  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
-If yes, name country.....

3. (a) PRINT FULL NAME Frederick Hartenstein

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

4. Sex Male 5. Color or race White 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 May 7 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Frederick Hartenstein  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Fischer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Hartenstein  
(b) Address R.F.D.#2, Jefferson City, Mo

17. (a) Burial (b) Date thereof Feb-23-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Wm. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 2-23-44 (b) Theresa Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19  
year 1944 hour not known M.

21. I hereby certify that I attended the deceased from not attended 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to Senility

Due to.....

Other conditions (Include pregnancy within 3 months of death) 922

Major findings: Of operations.....

Of autopsy none

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 Edw. M. Mansour (M. D. or other)  
Address Jefferson City, Mo Date signed 2-22-44

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

MOTHER FATHER

JUN 9 1944

RECEIVED  
District Health Officer No. 9,  
District File Number 3773  
Date Filed

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..... *Louis Quast*

Licensed Embalmer No. *4096*

P. O. Address *Jefferson City*

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.