

S. No. 2
M-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10912
Registrar's No. 32

FILED APR 17 1944

Primary Registration District No. 3020

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 315 Elm St., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington
(If outside city or town limits, write "RURAL")

(d) Street No. 315 Elm St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MINNIE KATHERINE HARTBAUER

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1944 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept 1943 to March 12, 1944

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Hartbauer 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 27 1877
(Month) (Day) (Year)

that I last saw her alive on March 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>15</u>	hr. min.

Due to arteriosclerotic hypertensive disease

Due to

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

10. Usual occupation Home maker

Other conditions (Include pregnancy within 3 months of death) J3a!

Major findings: Of operations

Of autopsy

MOTHER FATHER

11. Industry or business Own Home

12. Name Henry Koch

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

14. Maiden name Katherine Boesemahn

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Hy. Hartbauer Sr.

(b) Address Washington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date of cof. March 15 1944
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Pieburg & Witt, Inc.

(b) Address Washington, Mo.

19. (a) 3/13/44 (Date received local registrar) (b) Kuechler, Brook (Registrar's signature)

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 [Signature] (M. D. or other) Address Washington, Mo. Date 3/13/44

1181

(Licensed Embalmer's Statement on Reverse Side)

2 P. 10-37

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-44

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Carl M. Hubery

Licensed Embalmer No. 2387

P. O. Address Washington, D.C.

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.