

FILED JUL 7 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 684

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days (Specify whether
 In this community 35 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 11
 (c) City or town St. Joseph 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1507 North 11th. Street 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Charles G. Hartman

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

4. Sex male 0 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Viola Hartman 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 25 1868 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	2	4	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Charles W. Hartman

13. Birthplace Unknown No. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Elenora Shanks

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

16. (a) Informant Viola Hartman

(b) Address 1507 No. 11th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 7/1/1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Jucierhoff

(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 7/1/44 (b) Elenora Shanks (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th. year 1944 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from June 25 1944 to June 29 1944 that I last saw him alive on June 29 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Endocarditis Chr. Duration 5 days

Due to Pericarditis Chr. Duration 3 days

Other conditions Paralyzed aptose Duration 4 or 5 yrs (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

92d

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) (c) Means of injury _____

23. Signature Frank J. Anderson (M. D. or other) Address 620 Francis Date signed 6/30/44

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

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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.....

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.