

S. No. 2
M-5-43
7-5-17-39
P I X36671

State File No.

Registrar's No.

FILED NOV 14 1944
Registration District No. 2

Primary Registration District No. 6010

270 214

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town "Rural" Sugar Creek twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Robert W. Hartman

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 5 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Birth date of deceased: Sept 20 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	1	3	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Hartman

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

14. Maiden name Winifred Jones

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

16. (a) Informant Walter Hartman

(b) Address RFD Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly mo

19. (a) 10-25-44 (Date received local registrar) (b) Jama Kadel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd
year 1944 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Killed by being struck at RR with crossing by work train

Due to Corner car

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) accident ORR

(b) Date of occurrence 10-23-44

(c) Where did injury occur? RFA Rough mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work RR crossing S of Moberly
(Specify type of place) (e) Means of injury _____

While at work? No

23. Signature H.C. Huff (M. D. or other) Corner

Address Moberly mo Date signed 10-25-44

1036

NOV 16 1944

RECEIVED

District Health Officer No. 10

District File Number 11-44-1953

Date Filed NOV 10 1944

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 Francis S. Smith

Licensed Embalmer No. 3021

P. O. Address Moberly 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.