

FILED FEB 11 1946
Registration District No. **320**

Primary Registration District No. **3076**

Registrar's No. **1150**

1. PLACE OF DEATH:

(a) County Nevada
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
229 South Leguen
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Verdun
 (c) City or town Nevada
(If outside city or town limits, write "RURAL")
 (d) Street No. 229 South Leguen
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Wallace Hartz
 3. (b) If veteran, name war No
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1945 hour 11 minute 20 M.
 21. I hereby certify that I attended the deceased from 9-2 1945 to 12-25 1945
 that I last saw him alive on 12-22-45
 and that death occurred on the date and hour stated above.

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Jessie M. Hartz
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 27 1869
(Month) (Day) (Year)

Immediate cause of death:
Cerebral and generalized arteriosclerosis
 Due to Arteriosclerosis
(rheumatic etiology)
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy 97

8. AGE: Years 76 Months 2 Days 2 If less than one day _____ hr. _____ min.
 9. Birthplace Belvidere Illinois
(City, town, or county) (State or foreign country)

MOTHER FATHER {
 11. Industry or business Retired
 12. Name John Hartz
 13. Birthplace Pyraire New York
(City, town, or county) (State or foreign country)
 14. Maiden name Gertrude Stachheim
 15. Birthplace Belvidere Illinois
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Jessie Smith
 (b) Address 229 South Leguen
 17. (a) Burial (b) Date thereof Dec 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Newbury Burial Park
 18. (a) Signature of funeral director Frank General Home
 (b) Address Nevada, Mo.
 19. (a) 1-3-46 (b) Kathryn Hansen
(Date received local registrar) (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 Cl. Braston Davis (M. D. or other)
 Address Nevada, Mo. Date signed 12-22-45

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

100920

RECEIVED

DISPATCHED WITH Officer No. 7,

Date Filed

1-46-86

2-8-46

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

L. B. Terry

Licensed Embalmer No.

1960

P. O. Address

Nevada 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.