

FILED SEP 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 35

Primary Registration District No. 40-46-5117A

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Boone  
 (b) City or town Hartsburg, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 Mile South of Hartsburg, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 66 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
 (c) City or town Hartsburg, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1 Mile South of Hartsburg  
(If rural, give location)  
 (e) Citizen of foreign country? (X) No  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Fromm

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

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

6. (b) Name of husband or wife Annie 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 24, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name William Fromm

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

14. Maiden name Unk

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

16. (a) Informant Mrs William Brune

(b) Address Hartsburg, Mo.

17. (a) Burial (b) Date thereof 8/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freiden Cemetery

18. (a) Signature of funeral director Victor Brucher

(b) Address Jefferson City, Mo.

19. (a) 9-19-46 (b) Mrs. Bates  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17  
 year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 7, 1946 to August 17, 1946  
 that I last saw him alive on Aug 17, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Diabetic mellitus 9 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy no

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) (c) Means of injury \_\_\_\_\_

23. Signature L. P. Megee (M. D. or other) \_\_\_\_\_

Address Hartsburg Date signed 8/26/46

3. C 2-0-0

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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 Victor Breischer

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.**

Registration District No. 35

Primary Registration District No. 5117A

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural Hartsburg  
(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 William Fromm

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased aug 28 1885  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Mrs. Ross Glascock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town..... (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 Aug 1946 year. 17 hour. 17 minute. M.

21. I hereby certify that I attended the deceased from Aug 17 to Aug 17 1946 and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

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).....

(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..... (M. D. or other)

Address..... Date signed.....

SUPPLEMENTARY

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

B  
5  
1980

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