

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 256

Primary Registration District No. 5879

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Osage Missouri
 (b) City or town Rural Benton Township
 (c) Name of hospital or institution: 1
 (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) 65 years

3. (a) PRINT FULL NAME

John F. Hartwig

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 Married

6. (b) Name of husband or wife Bertha Hartwig

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 6 1880

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

66

8

19

19 hr. 15 min.

9. Birthplace Canaan Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

12. Name Henry John Hartwig

13. Birthplace Germany

(State or foreign country)

14. Maiden name Amelia Book

15. Birthplace Wollam Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant Margaret Hilsmeyer

(b) Address Chamons Mo

17. (a) _____ (b) Date thereof Oct 28-1946

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Deer Creek Cemetery Osage Co, Mo

18. (a) Signature of funeral director Otto Storck

(b) Address Chamons Mo

19. (a) Oct 28-46 (b) Esther Sander

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
 (c) City or town 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 25
 year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardia Duration _____

Due to Hypertrophy & dilatation

Due to Congestive Heart Failure

Other conditions Probable Carcinoma of liver
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy Hof

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 0

23. Signature L. E. Coffen D. O. (M. D. or other) _____

Address Chamons Mo Date signed 10/28/46

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

35162

RECEIVED
District Health Officer No. 9,
District File Number
~~Date Filed~~ 11/27/76

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 Otto T. Stockisick

Licensed Embalmer No. 1902

P. O. Address Chamois 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.