

FILED MAR 7 1947

Registration District No. 139

Primary Registration District No. 5591

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Victoria
(If outside city or town limits, write "RURAL" and name of 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 None
In this community 3 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ARTHUR HERMAN HAERTING
3. (b) If veteran, name war None
3. (c) Social Security No. 493-09-863

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 22 - 1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>71</u> | <u>2</u> | <u>17</u> | hr. _____ min. |

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER
12. Name Unknown Haerting
13. Birthplace _____ Germany
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Bauer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Overmyer
(b) Address 311 TAMM DR STAMPA MO
17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Feb. 27, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation (City C.) DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 3/11/47
(Date received local registrar) (b) Kathleen Marsden
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Victoria
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 9
year 1947 hour _____ minute _____ M.

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

Immediate cause of death _____
Natural Causes

Due to _____
Due to _____

Other conditions *
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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 Kathleen Marsden
Address Victoria, Mo. Date signed 2/11/47

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 Les Mothershead
Licensed Embalmer No. 3531
P. O. Address Disato 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.