

FILED SEP 2 1947
164

Registration District No. _____ Primary Registration District No. **2032**

Registrar's No. **93**

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

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Warrensburg Clinic & Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Day** (Specify whether)

In this community **1 Day**
years, months or days

3. (a) PRINT FULL NAME **Anna Adelhide Hartwig**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **No**

4. Sex **Female** / race **White**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **J. E. Hartwig**

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

7. Birth date of deceased **April 23 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	3	26	hr. min.

9. Birthplace **Fuersville Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Puvogel**

{ 13. Birthplace **unknown Germany 4**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Katherine Witke**

{ 15. Birthplace **unknown Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Walter Kalthoff**

(b) Address **Concordia Mo**

17. (a) **Germany?** (b) Date thereof **8-20-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Corder Luthern Cem.**

18. (a) Signature of funeral director **Frerking & Voigt**

(b) Address **Concordia Mo.**

19. (a) **8-19-47** (b) **Savannah Overfield**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **LaFayette 54**

(c) City or town **Concordia 1**
(If outside city or town limits, write "RURAL")

(d) Street No. **Concordia 0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **19**
year **1947** hour **10:30** minute **a** M.

21. I hereby certify that I attended the deceased from **8-18-47**
19____ to **8-19-47** 19____
that I last saw her alive on **8-19-47** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** **24 hrs.**

Due to **arterial hypertension** **?**

Due to _____

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

Major findings: Of operations _____

Of autopsy **83A**

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? **(X)**

While at work? _____ (Specify type of place)

(e) Means of injury **md**

Signature **R M K King** (M. D. or other) **md**

Address **Wrensley Mo** Date signed **8-19-47**

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..... *J. Earl Priest*

Licensed Embalmer No..... 3878

P. O. Address..... Warrensburg 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.