

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8379

Waile File No. _____

FILED APR 10 1948

Registration District No. 113

Primary Registration District No. 4185

Registrar's No. _____

1. PLACE OF DEATH: Franklin

(a) County Franklin

(b) City or town St. Clair, Mo
(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 _____ (Specify whether _____)

In this community 26 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED: Franklin

(a) State Mo (b) County Franklin

(c) City or town St. Clair - 36
(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 _____

3. (a) PRINT FULL NAME FRANK OSCAR HARTMAN

3. (b) If veteran, name war Spanish Am 3. (c) Social Security No. 489-05-2710

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased (Month) 3 (Day) 22 (Year) 1877

8. AGE: Years 70 Months 11 Days 28 If less than one day 8:00 a.m.
hr. min.

9. Birthplace St. Elmo, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Clerk

11. Industry or business Lorenzo

12. Name Lorenzo Hartman

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

14. Maiden name Francis Deemberg

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

16. (a) Informant Hazel Hartman

(b) Address St. Clair, Mo

17. (a) Burial (b) Date thereof Mar 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows

18. (a) Signature of funeral director Shirwood Kitchell
(b) Address St. Clair, Mo

19. (a) 3-22-1948 (b) E. D. Northington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 1948 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from 2-4-48 to 3-20-48
that I last saw him alive on 3-20-48
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to _____

Diagnosis: General Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 83W
Of operations _____
Of autopsy _____

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 W. E. Kitchell (M. D. or other) D
Address St. Clair, Mo Date signed 3/21

Duration 4 mo.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

36
33
0

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-8-48

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 C. Jesse Gahr
Licensed Embalmer No. 4486
P. O. Address Pt. Clair 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.