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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

11568

State File No.

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 505

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 61 years.

2. USUAL RESIDENCE OF DEATHS:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 808½ N. 24th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Emma Hartman
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Peter L. Hartman
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 17 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	2	13	hr. min.

9. Birthplace: Iowa City (City, town, or county) Iowa. (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
FATHER
12. Name: F. X. Seeman
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Barbara Baschnagel
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Miss. Marie Burri
(b) Address: 808½ N. 24th St., St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 3, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo
19. (a) May 3, 1948 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1948 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from March 11, 1933, to April 30, 1948 that I last saw her alive on April 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis general arteriosclerotic heart and	
Due to: Kidney disease	
Due to: Myocardial insufficiency	
Due to: Auricular fibrillation	4-18-48
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 93D
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: J. E. Lemon, M.D. (M. D. or other)
Address: St. Joseph, Mo. Date signed: 4-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.