

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28561

FILED SEP 10 1948

Registration District No. 23

Primary Registration District No. 4474

Registrar's No. 56

1. PLACE OF DEATH:

(a) County... SALINE  
(b) City or town... SWEET SPRINGS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 205 West Ray St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... SALINE  
(c) City or town... SWEET SPRING  
(If outside city or town limits, write "RURAL")  
(d) Street No... 205 W. RAY ST  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME PETER HARTMAN

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... WIDOWER  
6. (b) Name of husband or wife... MENIERA HARTMAN 6. (c) Age of husband or wife if alive... DEAD years  
7. Birth date of deceased... OCT 15, 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 7 If less than one day hr. min.

9. Birthplace... SALINE CO Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation... FARMER

11. Industry or business... RETIRED

12. Name... JACOB HARTMAN

13. Birthplace... PA  
(City, town, or county) (State or foreign country)

14. Maiden name... EMELINE PHILLIPS

15. Birthplace... NOT KNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant... MRS. MELLIE MACKLER

(b) Address... SWEET SPRINGS

17. (a) BURIAL (b) Date thereof... 8/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... PISQUAH CEMETERY

18. (a) Signature of funeral director... R. C. CARTER

(b) Address... SWEET SPRINGS, Mo

19. (a) 8/23/48 (b) D. L. Anderson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1948 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 1, 1948 to Aug 22, 1948 that I last saw him alive on Aug 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death... Myocardial infarction

Due to... Chronic Valvular Heart Disease

Due to... Debility

Other conditions... none  
(Include pregnancy within 3 months of death)

Major findings: Of operations... none Of autopsy... none

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.....  
23. Signature... Chas. P. Anderson (M. D. or other)  
Address... Sweet Springs Date signed 8/23/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-9-48

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 \_\_\_\_\_

Licensed Embalmer No. 2513

P. O. Address \_\_\_\_\_

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.