

Registration District No. **324**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County **Sabine**
(b) City or town **MARSHALL Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **FITZ GIBBON**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 DAYS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LEWIS, FREDRICH HENRY 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 **MARRIED**

6. (b) Name of husband or wife **EMEBIA HARTMAN** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **OCTOBER 30 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Permont Rural of FLORENCE Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business _____

12. Name **HENRY HARTMAN**

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

14. Maiden name **ANNA DUBBER**

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

16. (a) Informant **ERWIN HARTMAN**

(b) Address **SWEET SPRINGS, Mo.**

17. (a) (Burial, cremation, or other) _____ (b) Date thereof **SEPT 12 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **SWEET SPRINGS CEMETERY**

18. (a) Signature of funeral director **L. S. Parker**

(b) Address **SWEET SPRINGS, Mo.**

19. (a) **Sept. 14-1948** (b) **Edw. J. Gray**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **SABINE**
(c) City or town **SWEET SPRINGS**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **Mo 3**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **9**
year **1948** hour **4** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **Sept. 5**, 1948, to **Sept 9**, 1948
that I last saw him alive on **Sept 9**, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Brain injury** Duration **4 days**

Due to **Auto collision produced**
1. contusion to skull
2. contusion right pelvis
3. minor contusions
Other conditions **abrasions**
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy **1702**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 97**
(b) Date of occurrence **Sept 5, 1948**
(c) Where did injury occur? **Sabine Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 40 - D
While at work? _____ (Specify type of place) (e) Means of injury **Auto collision**

23. Signature **Edw. J. Gray, M.D.** (M. D. or other)
Address **Marshall, Mo** Date signed **9-9-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 9-29-48

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs M

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.