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FILED JAN 3 1949

Registration District No. **379**

Primary Registration District No. **6277**

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Hartville, Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
9 miles north
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Valentine Vehmann

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Vehmann

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan. 20 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>10</u>	<u>17</u>	hr. _____ min.

9. Birthplace Baden Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Valentine Vehmann

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Elizabeth Vehmann

(b) Address Hartville, Mo

17. (a) Burial (b) Date thereof Dec. 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Creek Cemetery

18. (a) Signature of funeral director Gene E. Hildner

(b) Address Hartville, Mo

19. (a) Dec. 18, 1948 (b) E. B. Garner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wright

(c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 9 Miles North
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1948 hour 10:00P. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 10 1948 to Dec 7 1948
that I last saw him alive on Dec 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Paralysis
Renal Disease

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 13/10

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)
(c) Means of injury 17

23. Signature H. W. [unclear] (M.D. or other) 12-18-48
Address Hartville Mo Date signed 12-18-48

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 6,
District File Number 1248-1393
Date Filed 12-30-48

JUN 17 1949

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 Gene E Holdren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.