

FILED MAR 13 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **6824**

Registration District No. **298**

Primary Registration District No. **4448**

Registrar's No. **2**

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5775
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Ray
 (c) City or town Lawson
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN CHRISTOPHER HARTMAN
 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 widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 19 1870
 (Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Prairie du Lac Wis-1
 (City, town, or county) (State or foreign country)

10. Usual occupation Druggist

MOTHER FATHER
 11. Industry or business _____
 12. Name John H. Hartman
 13. Birthplace Switzerland 5
 (City, town, or county) (State or foreign country)
 14. Maiden name Letcher Page
 15. Birthplace Vermont
 (City, town, or county) (State or foreign country)

16. (a) Informant R. E. Hartman
 (b) Address Lawson, Mo.

17. (a) Burial (b) Date thereof Feb. 17, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lawson Cemetery

18. (a) Signature of funeral director Gorman Pickard
 (b) Address Lawson, Mo.

19. (a) 2-16-46 (b) W. A. Black
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1946 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1946 to Feb 14, 1946
 that I last saw him alive on Feb. 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Left Hemiplegia
Chronic Constrictive Heart Failure
Hypertension
 Duration 3 weeks

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

PHYSICIAN
 Major findings: _____
 Of operations 830
 Of autopsy _____
 Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature John E. Buchner (M. D. or other) _____
 Address Lawson Date signed 2/17/46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-12-46

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 Claude Richard

Licensed Embalmer No. 2751

P. O. Address Exelion Springs, 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.