DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12273

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 72

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Near Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 0 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Simon Gartung 635
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 Edna Bartels
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased May 21, 1883 (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Gordonville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Merchant
11. Industry or business

FATHER
12. Name Chas. Gartung
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Doretta Karnell
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edna Gartung
(b) Address Frederickstown Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 28 40 (Month) (Day) (Year)
(c) Place: burial or cremation Bonds Cemetery
18. (a) Signature of funeral director Lyman Steele
(b) Address Jackson, Mo.
19. (a) Mch 26 1940 (Date received local registrar) (b) T. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1940 hour 4 minute 15 P M.
21. I hereby certify that I attended the deceased from 3-18, 1940, to 3-25, 1940 that I last saw him alive on 3-25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy) Duration 1 week

Due to General arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations No

Of autopsy No

PHYSICIAN

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? No (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? No (e) Means of injury

23. Signature C. Tivis Graves, Jr. (M. D. or other) M.D.
Address Farmington, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson 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, above space should be left blank.

No. 2B
-2-21-40
I X22659

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

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STANDARD CERTIFICATE OF DEATH

State File No. 12273

Registration District No. 773

Primary Registration District No. 6018a

Registrar's No. 72-

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County St. Francois

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

(c) Name of hospital or institution: State Hosp # 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 da. (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Fredericktown (If outside city or town limits write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) If foreign born, how long in U. S. A.? 56 years.

3. (a) PRINT FULL NAME Quinon Gantzing

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 M

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

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

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	10	4	hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

MOTHER

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

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

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

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 25-40

year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other)

Address ..... Date signed .....

1940
S-12273