WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37547

File No.

Registered No. 378

1. PLACE OF DEATH

County Jackson — Registration District No. 398

Township Blue — Primary Registration District No. 5554

City Kansas City (No. 10125 Van Horn Road St. Ward)

2. FULL NAME Charles B. Dart

(a) Residence, No. 3023 Paseo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethel Connecticut

FATHER

13. NAME John H. Dart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Louisa A. Beebe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethel Connecticut

17. INFORMANT (ADDRESS) Paul C. Ford 10125 Van Horn Road, Kansas City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Washington Cem. DATE 11-13 1931

19. UNDERTAKER (ADDRESS) Steiger & McClure 3235 Gillham Plaza

20. FILED Nov. 13 1931 H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1931, to 11/11, 1931

I last saw him alive on 11/10, 1931. Death is said to have occurred on the date stated above, at A. m. 10:05

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	
Angina Pectoris	
94A	
94	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) 10307 Indep Ave K.C. MO.