

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

Do not use this space.

1. PLACE OF DEATH **JACKSON**
 County..... Registration District No. **39**
 Township **Kaw** Primary Registration District No. **002**
 City **Kansas City, Mo.** (No. **15th. & Cleveland** St. **4849** Ward)

40869

File No. **4849**
 Registered No. **4849**
 St. **4849** Ward

2. FULL NAME **Louise Hartl**
 (a) Residence. No. **4522 Mercier** St., **7** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 1914		
7. AGE	YEARS 17	MONTHS 10
	DAY 11	IF LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Office Clerk (b) General nature of industry, business, or establishment in which employed (or employer) Sears Robuck Co. (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo. (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER Joseph Hartl	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	12. MAIDEN NAME OF MOTHER Grace Holsanger	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany	
14. INFORMANT Mrs. Anna Hartl (Address) 4522 Mercier		
15. FILED 12/6 , 19 31 M. M. Crowe Asst REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **12-4 1931**

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental Automobile
fracture of H. Mo.
2:00 PM (duration) yrs. mos. ds.
 CONTRIBUTORY **Pedestrian** (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
 WAS THERE AN AUTOPSY? **Yes**
 WHAT TEST CONFIRMED DIAGNOSIS **Autopsy**
 (Signed) **Stanley T. Hall**, M. D.
12/4, 19**31** (Address) **Deputy Coroner**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery	DATE OF BURIAL 12-7-31 19
20. UNDERTAKER R. V. Lindsey & Sons, Inc.	ADDRESS K. C. Mo.

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.

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