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.

MARGIN RESERVED FOR BINDING

100M-11-24-33

NOV 28 1936

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

Do not use this space.

37534

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Primary Registration District No. 3019 — Registered No. 332
City Independence (No. 318 W. South Side Blvd. St. Ward)

2. FULL NAME Henry S. Hartman
(a) Residence, No. 318 W. South Side Blvd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Frances Hartman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1885

7. AGE: 50 YEARS — MONTHS: 10 — DAYS: 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News Paper Route
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ctiy
10. Date deceased last worked at this occupation (month and year) Oct. 15, 1936
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove M Missouri.

FATHER
13. NAME Daniel Hartman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

MOTHER
15. MAIDEN NAME Lettie Jane Maloney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

17. INFORMANT (ADDRESS) Mrs Agnes Hartman 318 W. South Side Blvd. Indep.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove Cem. DATE Oct. 17, 1936

19. UNDERTAKER (ADDRESS) H. W. Stahl Funeral Home 315 W. Maple Ave Independence Mo.

20. FILED 10-19-1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1536, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1936, to 10-15-36, 19
I last saw h.... alive on 10-15-36, 19 Death is said to have occurred on the date stated above, at 10:P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-15-36

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? no

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) Independence Mo