

Registration District No. **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St. Joseph**  
(c) Name of hospital or institution: **St. Joseph's Hospital**  
(d) Length of stay: In hospital or institution **1 DAY**  
In this community **9 YEARS**

8. (a) PRINT FULL NAME **William HARTMAN**

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 **Divorced**

6. (b) Name of husband or wife **GRACE HARTMAN** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Aug. 23 1891**

8. AGE: Years **58** Months **4** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Atchison, Kansas**

10. Usual occupation **PAINTER**

11. Industry or business \_\_\_\_\_

12. Name **Robert D. HARTMAN**

13. Birthplace **PLATE CITY, MO.**

14. Maiden name **Margaret ANN Williams**

15. Birthplace **Atchison, Kansas**

16. (a) Informant **Wm. Phades BEASON**  
(b) Address **401 N 12th St. Joseph, Mo.**

17. (a) **Removal** (b) Date thereof **JAN 1944 40**  
(c) Place: burial or cremation **Atchison, KAN.**

18. (a) Signature of funeral director **EFFMAN & SON, INC.**  
(b) Address **1446 Calhoun St. Joseph, Mo.**

19. (a) **Jan 17 1940** (b) **AJ. Neestlebuch**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(d) Street No. **1336 FARR AVE.**  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **16th**  
year **1940** hour **5** minute **0** P. M.

21. I hereby certify that I attended the deceased from **viewed**  
**Jan 16th** 19 **40** to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him **in view** \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Burns from coal  
# oil explosion in home**

Due to \_\_\_\_\_  
Due to **181**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: **none**  
Of operations \_\_\_\_\_

Of autopsy **none**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **accident**  
(b) Date of occurrence **Jan 16th 1940**

(c) Where did injury occur? **Home, In St. Joseph, Mo.**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**

While at work? **no** (Specify type of place) \_\_\_\_\_  
(e) Means of injury **burns**

23. Signature **A.W. Tadlock** (M. D. or other) **Coroner**  
Address **King Hill Bldg** Date signed **1/17-40**

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

**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.

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