

FILED MAR 11 1940
399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5564
789
Registrar's No.:

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County... Jackson
(b) City or town... Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3916 Fuller Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 2
(Specify whether
In this community... 36 Years
years, months or days)

3. (a) PRINT FULL NAME 630
Mr. William H DeHart

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Ella De Hart 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July 25 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 6 26 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name... Elisha De Hart
13. Birthplace... Indiana
(City, town, or county) (State or foreign country)
14. Maiden name... Laura Chapman
15. Birthplace... Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella De Hart

(b) Address 3916 Fuller

17. (a) Burial (b) Date thereof 2-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director O. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 2-21-40 (b) Me Mo Craue
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3916 Fuller Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th
year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 15 1940 to Feb. 20 1940
that I last saw him alive on Feb. 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death central hemorrhage (apoplexy)
Due to g. l. w.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Pneumonia cold
Serum: arterial sclerosis
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) no
(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?
361 (Specify type of place) While at work? (e) Means of injury
23. Signature James George (M. D. or other)
Address 3618 Clinton Date signed 2-21-40

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

26 pg Cleveland License
2-4, 7-9

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C., 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.