S. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18679

Registration District No. 404 Primary Registration District No. 5558 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Washington Ward (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7730 Jefferson Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether

In this community 20 Years years, months or days)

635

3. (a) PRINT FULL NAME Mrs. Urania Evelyn Hartong

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. A. A. Hartong

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March (Month) 29 (Day) 1851 (Year)

8. AGE: Years 89 Months 2 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Magog (City, town, or county) Canada (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

FATHER
12. Name Unknown Phillips
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Kendall
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. George T. Durrill

(b) Address 7730 Jefferson Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Dut Wer Newcomer's Sons

18. (a) Signature of funeral director D. K. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd. K.C.Mo.

19. (a) 6-11-40 (Date received local registrar) (b) R. V. Lindsey & Sons Sec (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. 7730 Jefferson Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1940 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 15-40, 19..., to June 2, 1940, that I last saw her alive on June 2, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Senile Gangrene of feet — Duration Dec 39

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. L. St. Clair (M. D. or other)

Address 5242 St. John Avenue Date signed 6/3/1940

(Licensed Embalmer's Statement on Reverse Side)

5242 St. John
2-5

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 Kenneth Page Sept.

Licensed Embalmer No. 4289

P. O. Address 1309 Brush Creek 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.