

40.
191
23159

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **5015**

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: **K.C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
15 yrs. (Specify whether)
In this community _____
years, months or days)

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. **1601 Wyandotte, R. Basement**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **MARTIN HARDWICK**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **512-01-8306**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ida M. Hardwick** 6. (c) Age of husband or wife if alive **39 yrs.** years
7. Birth date of deceased **February 18th 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 **10** **13**
hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chef**

11. Industry or business **4-K Lunch**

12. Name **John Hardwick** **9**

13. Birthplace **No Record** (State or foreign country)
No Record

14. Maiden name **No Record**
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant **Ida M. Hardwick**

(b) Address **1601 Wyandotte**

17. (a) **Burial** (b) Date thereof **Jan. 2, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **Kansas City, Missouri**

19. (a) **Dec. 31, 1940** (b) **M. B. Cowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **31st**
year **1941** hour **6** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **12-28-40**, 19____, to **12-31-40**, 19____;
that I last saw him alive on **12-31-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes mellitus (Clinical)**

Due to **Cardiac hypertrophy with congestive heart failure.**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **See above**

Duration
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 **Dwight R. Shaw** (M. D. or other) _____
Address **Med. Dir. K.C. Gen. Hospital** Date signed _____

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2
-10-39
17-39
X21

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41622
Registrar's No. 5015

JAN 8 1941
Registration District No. 399

Primary Registration District No. 1002

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

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:
360 K. C. General Hospital, K. C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 15 yrs
years, months or days

3. (a) PRINT FULL NAME Marvin Hardwick
(b) If veteran, name war No
(c) Social Security No. 512 01 8306

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ida M. Hardwick
(c) Age of husband or wife if alive 39 years

7. Birth date of deceased Feb 18 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 13
If less than one day hr. min.

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

10. Usual occupation Cheff

11. Industry or business 4-K. Lunch

MOTHER FATHER { 12. Name John Hardwick
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Ida M. Hardwick
(b) Address 1601 Wyandott

17. (a) Burial (b) Date thereof Jan 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) 12-31-40 (b) M. M. Crowe
(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. 1601 Wyandotte
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 31st
Year 1940 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from 12-28-40 1940 to 12-31-40 1940;
that I last saw him alive on 12-31-40 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetes mellitus (clinical
Cardiac hypertrophy with congestive heart
Due to Failure

Due to _____
Other conditions 59
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy See above

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Lucy R. Jones (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date dictated _____

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

S-41622 1940

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 Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.