

3. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13478
State File No. _____
Registrar's No. 1459

Registration District No. 399 Primary Registration District No. 1002

18
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1. PLACE OF DEATH: JACKSON
(a) County JACKSON
(b) City or town Kansas City
(c) Name of hospital or institution: 5815 St. John
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, 3
(d) Street No. 5815 St. John
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME John H. Hart,
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12
year 1941 hour 5 minute A. M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Mabel C.
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Oct. 30, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 5, 1941
to April 12, 1941
that I last saw him alive on April 11, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration 48 hrs

8. AGE: Years 75 Months 5 Days 12
If less than one day hr. min.

Due to Broncho-Pneumonia Terminal, due to
Due to Bronchiectasia - years

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Baker

Other conditions 107
(Include pregnancy within 3 months of death)

11. Industry or business _____
MOTHER FATHER { 12. Name Louis Hart,
13. Birthplace Pennsylvania
14. Maiden name Louise Hammer
15. Birthplace Kentucky

Major findings: 107
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabel C. Hart
(b) Address 5815 St. John

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof April 14, 1941
(c) Place: burial or cremation Versailles, Missouri

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director C. H. Lackman & son, Inc.
(b) Address 2825 Indep. Blvd. K. C. Mo.
19. (a) Apr 13 1941 (b) M. M. Brown

(Specify type of place) _____
(e) Means of injury 0
23. Signature E. A. Wilkinson (M. D. or other) M.D.
Address 1103 Grand Ave Date signed 4/12/41

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

E. A. Wilkinson

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 W. D. Blackman

Licensed Embalmer No. 3639

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, fact should be so stated above.