

No. 2  
1-4-41  
-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20708

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2228

**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 15 days  
 (Specify whether  
 In this community 17 Yrs.  
 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. 2544 Olive St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** ERNEST HART  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 10th  
 year 1941 hour 2 minute 15 P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widower  
 6. (b) Name of husband or wife Anna Hart  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 18, 1867  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-26-41 to 6-10-41  
 that I last saw him alive on 6-10-41  
 and that death occurred on the date and hour stated above.

**8. AGE:**  
 Years 76 Months \_\_\_\_\_ Days 22  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
Arteriosclerotic heart disease  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy None

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

**10. Usual occupation** Lindsay Bakery  
**11. Industry or business** Stephen Hart  
**12. Name** Stephen Hart  
**13. Birthplace** Conn.  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Martha Charnock  
**15. Birthplace** Wark  
 (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 \_\_\_\_\_

**16. (a) Informant** Mrs R.P. Baldwin  
 (b) Address 1900 Bankers Bldg, Chicago, Ill.

**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?

**17. (a) Burial** (b) Date thereof June 18, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Marys

**18. (a) Signature of funeral director** Thomas E. Quirk Funeral Home  
 (Specify type of place) \_\_\_\_\_  
 (b) Address 4316 Troost Ave  
**19. (a)** 6/11/41 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

**23. Signature** Amey R. Snow (M. D. or other) \_\_\_\_\_  
 Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed \_\_\_\_\_

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

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C

MOTHER FATHER

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**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.....

*Donald E. Jewell*

Licensed Embalmer No. .... 3775

P. O. Address..... N.C. 1110

**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.**