

Registration District No. 101399

Primary Registration District No. 1002

Registrar's No. 2462

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 Wesley Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community 14 years  
years, months or days

3. (a) PRINT FULL NAME Ida Hart

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harris Hart

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Nov. 14, 1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>7</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business AthHome

MOTHER FATHER {

12. Name Jackery Loar

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Loar

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Harris Hart

(b) Address 1315 East 8th.

17. (a) Burial (b) Date thereof June 30, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Muncie, Leavenworth

18. (a) Signature of funeral director Mrs. Forster  
(City, town, or county) (State or foreign country)

(b) Address 918 Brooklyn, 8. Mo.

19. (a) 6/29/41 (b) M. M. Crow  
(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. 1315 East 8th. 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 26  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 25, 1941 to June 26, 1941  
that I last saw h. alive on June 26, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to unknown

Due to 925

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no

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 no

Where did injury occur? no  
(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? no (e) Means of injury no

23. Signature J. F. Mackay (M. D. or other) \_\_\_\_\_  
Address Professional Office signed 6-27-41

✓  
3002  
Emb.

**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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. Clair Shepard

Licensed Embalmer No. 4179

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.**