

No. 2
-1-4-41
5-17-39
I X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24055
2594
Registrar's No.

Registration District No. 399

Primary Registration District No. 1682

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution two days
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3231 Prospect
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Carnie GABRIEL HARTLEY
3. (b) If veteran, name war L
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2nd
year 1941 hour 11 minute 50 P. M.

4. Sex fe 5. Color or race w
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John Hartley
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased March 26 1868

21. I hereby certify that I attended the deceased from 6-30-41 to 7-2-41
that I last saw her alive on 7-2-41
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 3 Days 6
If less than one day hr. min.

Immediate cause of death Carcinoma of rectum with metastases to liver and lung--not confirmed by autopsy.
Due to
Other conditions
Major findings: Of operations
Of autopsy See above

9. Birthplace Georgia
10. Usual occupation House Keeper
11. Industry or business same
12. Name Robert Murrey
13. Birthplace Georgia
14. Maiden name Caroline Woodie
15. Birthplace at Lorain

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

16. (a) Informant Robert Hartley
(b) Address Childersburg Alabama
17. (a) Burial (b) Date thereof 7/16/41
(c) Place: burial or cremation Green Lawn Cem
18. (a) Signature of funeral director Ernest Mayfield
(b) Address 2310 Lawrence
19. (a) 7-10-41 (b) M. M. Crown

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?
(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 Amey R. Thow (M. D. or other) 0
Address Med. Dir. K.C. Gen Hospital K. Mo.

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

48
293

148
20

361

(Licensed Embalmer's Statement on Reverse Side)

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 Ray E. Snow
Licensed Embalmer No. 2560
P. O. Address 1807 E 29th

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.