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4-41
7-39
X26390

FILLED NOV 13 1941
Registration District No. 377

Primary Registration District No. 1002

Registrar's No. 3866

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:
1017 West Gregory Boulevard,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 4 1/2 years, (Specify whether 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. 1017 West Gregory Blvd.,
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Esther Mary Keely Hartwigen,

3. (b) If veteran, name war no. 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married,
6. (b) Name of husband or wife George L. Hartwigen, 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased March 22 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 6 2 1/8 hr. min.

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

10. Usual occupation Homemaker,

11. Industry or business X

12. Name Robert Partrick Keely,

13. Birthplace Ireland, (City, town, or county) (State or foreign country)

14. Maiden name Mary Cook, (City, town, or county) (State or foreign country)

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

16. (a) Informant George L. Hartwigen,

(b) Address 1017 West Gregory Blvd., K.C., Mo.

17. (a) Burial, (b) Date thereof 10-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. MORIAH

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10/16/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th
year 1941 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from 7-16
1941 to 10-14 1941;
that I last saw her alive on 10-13 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinoma
metastasis Duration 3 7/8

Due to Primary Cancer of Breast
Due to

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Robert M. Farker (M. D. certifier)
Address 736 Ogden Date signed 10-15-41

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

Dr. Hubert Parker,

Antyler Baby
245-

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 *Emery M. Blau*

Licensed Embalmer No. *1848*

P. O. Address. *Kansas City*

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, fact should be so stated above.