

FILED FEB 11 1942

Registration District No. 299

Primary Registration District No. 1002

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. S.B. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 m. 26 da.  
(Specify whether years, months or days)

In this community 21 years

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. Reid Hotel  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Lola Hart

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 42 hour 11 minute 55 P.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m-

6. (b) Name of husband or wife James Hart 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 19 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1 1941 to Jan 26 1942  
that I last saw her alive on Jan 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage Duration \_\_\_\_\_

Due to Bilateral far advanced pulmonary tuberculosis

8. AGE: Years 44 Months 6 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions 1251  
(Include pregnancy within 3 months of death)

9. Birthplace St Mary Ill  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Ed. Moore

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

14. Maiden name Emma Hopkins

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

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? \_\_\_\_\_

16. (a) Informant James Hart

(b) Address Reid Hotel

23. Signature Obtained from (M. D. or other) \_\_\_\_\_  
Address U. S. T. B. Wash. D. C. Date signed \_\_\_\_\_

17. (a) Burial (b) Date thereof 1-29-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 1/28/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

**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 *Charles W. Childs*

Licensed Embalmer No. *3473*

P. O. Address *76 E. 1160*

**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.**