

FILED JAN 11 1943

Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3031 Charlotte Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emily S. HARTLEY.

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased July 24th, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>1</u>	<u>hr. min.</u>

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

10. Usual occupation At Home

11. Industry or business unknown

MOTHER FATHER { 12. Name known

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

14. Maiden name known

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

16. (a) Informant Margaret O'Connell.

(b) Address 3031 Charlotte.

17. (a) Burial (b) Date thereof 12/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah.

18. (a) Signature of funeral director Melody-McGilley.

(b) Address C. Mo.

19. (a) Dec 27 42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 3031 Charlotte Ave.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 25th
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 9/25, 1941 to 12/25, 1942
that I last saw h. alive on 12/24/42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Hypertension and Angine.

Due to 61

Other conditions Diabetes.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations known
 Of autopsy known

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) (e) Means of injury known

23. Signature C. E. Stump (M. D. or other)
Address 1102 E. 47th Date signed 12/26/42

361

Dr. Claud Stump
1102 E. 47th St.
Link 200

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 *Frank C. Rowe*
Russell H. France

Licensed Embalmer No. *2347* ~~*4255*~~

P. O. Address.....

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.