

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1019

FILED MAR 21 1943

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: 2003 Van Brunt /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community all his life (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. 2003 Van Brunt,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME George C. Hardesty

3. (b) If veteran, name war no.

3. (c) Social Security No. 486-01-5729

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25th
year 1943 hour 11:15 minute P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased: August 15 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h. Regulatory Coroner on 19;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51 6 10 hr. min.

Immediate cause of death: Coronary Artery Disease with myocardial fibrosis.
Due to Acute Pulmonary Edema

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

10. Usual occupation Cement Worker

Other conditions: 94a
(Include pregnancy within 3 months of death)

11. Industry or business X

12. Name Frank Hardesty,

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

14. Maiden name Carrie C.

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

Major findings:
Of operations.....
Of autopsy See above

16. (a) Informant Mrs. Carrie C. Hardesty,
(b) Address 2003 Van Brunt, Kansas City, Mo.

17. (a) Burial (b) Date thereof 2-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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?

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-27-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

23. Signature A. E. Upsher (M. D. or other) M.D.
Address 2312 Meloy Date signed 2/27/43

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

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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.....

Licensed Embalmer No.....

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.