

LED AUG 6 1943 / 149
 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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3315 Forest Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 50 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. 3315 Forest Avenue
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Norway

3. (a) PRINT FULL NAME Mr. Andrew Hartvedt
 3. (b) If veteran, name war No 3. (c) Social Security No. 440-27-4900

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Malvina Hartvedt
 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased February 15 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 0 hr. _____ min.

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

10. Usual occupation Brick Layer

11. Industry or business Retired

12. Name Michael Hartvedt
13. Birthplace Norway
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Norway
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Andrew Hartvedt
(b) Address 3315 Forest Ave.

17. (a) Burial (Burial, cremation, or removal) 11111 Memorial Park Cemetery
(b) Date thereof July 19, 1943
(Month) (Day) (Year)

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 7-16-43 (Date received local registrar)
(b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15th
 year 1943 hour 7 minute 50 A. M.

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

Immediate cause of death Arteriosclerotic Heart Disease
 Due to _____
 Due to _____
 Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy Inspection and history

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)
 Means of injury _____
23. Signature D. E. Washer (M. D. or other)
 Address 25th McCoy Date signed 7/15/43

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

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.