V. S. No. 2
100M—2-43
Rev. 5-17-39
X3559

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30744

State File No. 3930

FILED SEP 28 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 2804 Holmes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2804 Holmes
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN H. HARTMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Mrs. Aile Hartman

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August (Month) 28 (Day) 1879 (Year)

8. AGE: Years 64 Months 0 Days 12 If less than one day ___ hr. ___ min.

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

10. Usual occupation Custodian-Longfellow School

11. Industry or business K.C.Public School System

FATHER
12. Name George Hartman
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Barbara Bergman
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Aile Hartman

(b) Address 2804 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 9-13-43 (Date received local registrar) (b) T. E. Brown, Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th year 1943 hour 11 minute 45 P M.

21. I hereby certify that I attended the deceased from Coron, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Coron by Selerosis Chronic Hepatitis Myocarditis

Due to

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See opinion

Duration

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [signature] Date signed 9/14/43

(Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas city, 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.