

FILED NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

4214

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:
5824 Brooklyn Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether
In this community 15 Years
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. 5824 Brooklyn Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME Mrs. Wilda Tanner Hart

3. (b) If veteran, name war No 3. (c) Social Security No. 442-03-1832

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Lewis E. Hart 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased January 20 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 8 12 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name W. E. Tanner
13. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hennetta James
15. Birthplace Pittsburg Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lewis E. Hart
(b) Address 5824 Brooklyn Avenue

17. (a) Burial (b) Date thereof Oct. 5, 1943
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation Pittsburg, Kansas

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

19. (a) 10-4-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 29, 1943, to Oct 2, 1943
that I last saw her alive on Oct 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism
Due to Chronic endocarditis
Duration 4 days
Due to _____
Duration _____

Other conditions (Include pregnancy within 3 months of death) 92c
Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 _____
23. Signature E. W. Shurber (M. D. or other)
Address 900 Riata Bldg K.P. Mo Date signed 10-4-43

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

900
12.3
Halle
1934

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. Colbow

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.