

FILED JAN 5 1944 49
Registration District No. _____

Primary Registration District No. 1002

State File No. _____

Registrar's No. 5466

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 wks.
In this community 38 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Helen LeBeau Hartman

3. (b) If veteran, name war None
3. (c) Social Security No. 262-16-6270

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 2 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 19
If less than one day hr. _____ min. _____

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

10. Usual occupation Furrier

11. Industry or business Fur.

MOTHER FATHER { 12. Name William Booker
13. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Lovless
15. Birthplace Unknown Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Wallace LeBeau
(b) Address 11601 E. 23rd Indep. Mo.

17. (a) Burial (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove.

18. (a) Signature of funeral director: Geo. C. Carson
(b) Address Independence Mo.

19. (a) 12-22-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town 2826 Prospect
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 21
year 1943 hour 1 minute A.M.
21. I hereby certify that I attended the deceased from 1941 19to Dec 21 1943
that I last saw he alive on Dec 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: myocardium
Due to myocardium
melanosis from ulcers
Due to 48 hr
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 _____
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 12/23/43

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.

Signature George C. Carson
Licensed Embalmer No. 2249
P. O. Address Indep. 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.