

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED AUG 2 1944
Registration District No. **299**

Primary Registration District No. **1002**

Registrar's No. **2957**

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:
3112 Charlotte,
(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 **48 years,** (Yes or No)
years, months or days

3. (a) PRINT FULL NAME **John C. Hare,**

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

3. (c) Social Security No. **493-12-2736**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Eura B. Hare**

6. (c) Age of husband or wife if alive **X 70** years

7. Birth date of deceased **November 18 1868**
(Month) (Day) (Year)

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

75 **7** **22** hr. min.

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

10. Usual occupation **Field Manager**

11. Industry or business **Lucky Tiger Mfg. Co.,**

MOTHER FATHER

12. Name **Samuel B. Hare**

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

14. Maiden name **Matiline Sponsler,**

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

16. (a) Informant **Mrs. Eura B. Hare,**

(b) Address **3112 Charlotte, Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **7-18-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **7-17-44** (Date received local registrar)

(b) **P. E. Brown** (Registrar's signature)

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. **3112 Charlotte,**
(If rural, give location)

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

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15th**
year **1944** hour **9:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **legally, Carmel** 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute coronary occlusion**

Due to **94**

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations

Of autopsy **See above - (Inspection & history)**

22. (death was due to external causes, fill in the following)

PHYSICIAN

Underline the cause to which death should be charged statistically.

(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 **A. E. Washer** (M. D. or other)

Address **22 W. 2nd St** Date signed **7/15/44**

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

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

John H. Stanley

Licensed Embalmer No. *4060*

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.