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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27938

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 206

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence, Mo. (Rural) Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route One / Independence, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Jackson (b) County Missouri
(c) City or town Independence, Missouri (Rura l) 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route One, Box 420
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MERRITT E. HARTZELL

3. (b) If veteran, name war World War One
3. (c) Social Security No. 490-09-1178

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Grace May Hartzell
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August (Month) 7 (Day) 1890 (Year)

8. AGE: Years 53 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Missouri Portla nd Cement, Co.

FATHER
12. Name William Hartzell
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Husttus
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Grace May Hartzell
(b) Address Independence, Mo. Rural Route One

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri

19. (a) 8-9-1944 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th.
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov, 1942 to Aug 6, 1944
that I last saw him alive on June 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration: sudden
Due to Arteriosclerosis + Hypertension — chronic
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

94a

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 0

23. Signature J. E. Hickman (M. D. or other)
Address Independence Mo Date signed Aug 9

1163 (Licensed Embalmer's Statement on Reverse Side)

SEP 18 1944

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 Floyd C. Carson

Licensed Embalmer No. 7199

P. O. Address Independence, 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.