S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36747

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 4642

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:
4321 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution unknown (Specify whether years, months or days)
In this community

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. 4321 Charlotte
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel F. Hartmann
3. (b) If veteran, name war no.
3. (c) Social Security No. 495-05-0970
4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matildia Hartmann
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Oct 28 1879 (Month) (Day) (Year)
8. AGE: Years 65 Months 0 Days 18 If less than one day hr. min.
9. Birthplace Austria, Hungary (City, town, or county) 4 (State or foreign country)
10. Usual occupation Baker
11. Industry or business Grennan Bakery
MOTHER FATHER
12. Name no record
13. Birthplace Austria, Hungary 4 (City, town, or county) (State or foreign country)
14. Maiden name Magadelana Stifter
15. Birthplace Austria Hungary 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. M. Hartmann
(b) Address 4321 Charlotte
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Thos. E. Quirk
(b) Address K.C. Mo
19. (a) 11-18-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16 year 44 hour 11:45A minute M.
21. I hereby certify that I attended the deceased from May 9 1944 to Oct 15 1944 that I last saw him alive on Oct 26 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chronic Nephritis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No	
Of autopsy No	

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 [illegible] (M.D. or other)
Address 928 Argyle Bldg Date signed Nov 17 44

(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. Thomas E. Quirk

Licensed Embalmer No. 3775

P. O. Address. KC 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.