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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1166

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 203

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: ST LUKES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da (Specify whether

In this community 0 ~~4 HOURS~~ 2 da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ~~JACKSON~~ 48

(c) City or town Grandview 0 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0 (If rural, give location)

(e) Citizen of foreign country? ✓ 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME "INFANT" HARTMAN

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced INFANT 0

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JAN. (Month) 12 (Day) 1945 (Year)

8. AGE: Years ✓ Months ✓ Days 2 If less than one day 7 hr. 5 min.

9. Birthplace KANSAS CITY (City, town, or county) 0 MO. (State or foreign country)

10. Usual occupation INFANT

11. Industry or business ✓

FATHER
12. Name BILLIE HARTMAN
13. Birthplace HICKMAN MILLS (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name BETTY KILBY
15. Birthplace GRANDVIEW (City, town, or county) MO. 0 (State or foreign country)

16. (a) Informant BILLIE HARTMAN

(b) Address GRANDVIEW, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 15 '45 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK, KC, MO

18. (a) Signature of funeral director E. K. George & Sons

(b) Address Grandview Mo

19. (a) 1-14-45 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month JAN. day 14th year 1945 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1-13, 1945, to 1-14, 1945; that I last saw him alive on 1-14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 15-9	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other) MD

Address Lee's Summit Mo Date signed 1-14-45

(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~~ not embalmed by me, or by.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed.....A. K. Gump.....

Licensed Embalmer No.....3645.....

P. O. Address.....Grundy 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.