V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8614

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1329

**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 (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 9 hr. (Specify whether

In this community 9 hr. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 444

(a) State Penn (b) County Penn

(c) City or town Philadelphia 56 (If outside city or town limits, write "RURAL")

(d) Street No. 6831 Anderson 0 (If rural, give location)

(e) Citizen of foreign country? — 2 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Male - baby 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 Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month) 1 (Day) 45 (Year)

8. AGE: Years | Months | Days | If less than one day 9 hr. 7 min.

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

10. Usual occupation — infant

11. Industry or business

FATHER
12. Name Wm P Hartman
13. Birthplace Nashua (City, town, or county) N Hamp (State or foreign country)

MOTHER
14. Maiden name Ruth Ziegler
15. Birthplace Bowling Green (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Father

(b) Address 6831 Anderson - Phil. Penn

17. (a) (Burial, cremation, or removal) (b) Date thereof 3-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation Crosspond by St Lukes Hospital

18. (a) Signature of funeral director St. Lukes

(b) Address K - C - Mo.

19. (a) 3-22-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 3 day 2 year 45 hour 6 minute 49 a.M.

21. I hereby certify that I attended the deceased from 3-1, 1945 to 3-2, 1945 that I last saw him alive on 3-2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 15

Major findings:
Of operations

Of autopsy

Duration

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? Kansas City (City or town) Jackson (County) Mo (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 Duncan R. Thom (M. D. or other)

Address 1107 Bryant Bld. Date signed 3-8-45

(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 by me, or by.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**