

U.S.N
5-17-39
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FILED JUN 12 1946
Registration District No. 748

Primary Registration District No. 3026

State File No. _____
Registrar's No. 194

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium (A)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour (Specify whether)

In this community 44 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, RFD 6 (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 1949 Hazel (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Albert Alexander Hart

(b) If veteran, name war None

(c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sophia Hart

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June 10 1902
(Month) (Day) (Year)

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

44 11 22 hr. min.

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

10. Usual occupation Sheet Metal Finisher

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Hart

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

14. Maiden name Bertha Miller

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

16. (a) Informant G. P. Hart

(b) Address 3921 Bellfontaine, K. C., Mo.

17. (a) Burial (b) Date thereof 5-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Waddington Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) June 6-1946 (b) James S. Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 5 minute 43 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Reputy Coroner
Gunshot Wound of
Head

Due to _____

Due to _____

Other conditions 164
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsies Inspection of
History

PHYSICIAN

Underline the cause to which death should be ascribed statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 19 1946

(c) Where did injury occur? Independence Mo
(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 Gunshot

23. Signature A. G. Upsher (M. P. Seal)
Address 2808 Main St Date _____

35K

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

FEB 5 1948

JUN 7 1948

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, ~~and~~ by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistration District No. 146Primary Registration District No. 3026Registrar's No. 194

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Indep. San.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution 1 hr. (Specify whether
 In this community 44 yrs.
 years, months or days)

3. (a) PRINT
FULL NAMEAlbert A. Hart3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex M 5. Color or
race W 6. (a) Single, widowed, married,
divorced SM6. (b) Name of husband or wife Sophia Hart 6. (c) Age of husband or wife if
alive 367. Birth date of deceased June 10 1899
(Month) (Day) (Year)8. AGE: Years 44 Months Days If less than one day
hr. min.9. Birthplace Russia
(City, town or county) (State or foreign country)10. Usual occupation Sheet metal finisher

11. Industry or business

12. Name John A. Hart13. Birthplace Russia
(City, town or county) (State or foreign country)14. Maiden name Bertha Miller15. Birthplace Germany
(City, town or county) (State or foreign country)16. (a) Informant D. P. Hart(b) Address 3921 Bellefontaine, K.C. Mo.17. (a) Burial (b) Date thereof 6/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Washington Ch.18. (a) Signature of funeral director Herb C. Carson(b) Address Indep. Mo.19. (a) June 6 - 1946 (b) J. Wood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City, R. 3 D. 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1949 Hazel
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 19
Year 1946 Hour 4:30 minute 43 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Deputy Coroner
gunshot wound of head

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy Inspection & History

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide(b) Date of occurrence May 19 - 1946(c) Where did injury occur? Indep. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury gunshot23. Signature A. E. Upsher (M. D. or other)Address 2800 Main, K.C. Mo Date signed 5/20/46

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

MOTHER FATHER

S-14935