S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1946

State File No. 23633

Registration District No. 747

Primary Registration District No. 1002

Registrar's No. 3331

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. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community Two Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 303 Brush Creek Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE W. HARTENBOWER

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 Married /

6. (b) Name of husband or wife Mrs. Lisetta Hartenbower

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December (Month) 3rd (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	7	28	hr. min.

9. Birthplace Madison County (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Retired

11. Industry or business Stock Farmer & Banker

FATHER
12. Name John H. Hartenbower /
13. Birthplace (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Isabella Appleton
15. Birthplace Hamilton (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mrs. Lisetta Hartenbower /
(b) Address 303 Brush Creek Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 - 3 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Tonica, Illinois

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd St. Kansas City, Mo.

19. (a) 8-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1946 hour minute M.

21. I hereby certify that I attended the deceased from March 2, 1945, to July 31, 1946; that I last saw him alive on July 31, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 2 days

Due to Parkinsons Disease not post encephalitic

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

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

23. Signature H. P. Boughman M.D. (M. D. or other)

Address K.C. 2 Mo. Date signed 8/1/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Buchanan
Plaza Medical Bldg.

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 Walter H. Ervin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.