No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

33574

FILED OCT 28 1946

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4371

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

(d) Length of stay: In hospital or ~~institution~~ 3 WEEKS (Specify whether
In this community 2 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. DELMAR HOTEL 104 W. 9th St
(If rural, give location)

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

If yes, name country ----

3. (a) PRINT FULL NAME ELMER ELLSWORTH HART

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. unknown

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

7. Birth date of deceased FEB. (Month) 22 (Day) 1861 (Year)

8. AGE: Years 85 Months 7 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace SANDY HILL (City, town, or county) NEW YORK (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business K.C. SOUTHERN RR.

FATHER
12. Name ALLEN HART
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Miss Allen K. Davis
(b) Address Dixon Hotel

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-18-46 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MARYVILLE, MISSOURI

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCT day 16TH year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 9-23- 1946 to 10-16 1946 that I last saw him alive on 10-16- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Chronic myocarditis
Due to Arteriosclerosis

Due to

Other conditions Fractured Left Femur
(Include pregnancy within 3 months of death)

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) Fractured Left Femur
(b) Date of occurrence 9-23-46 Time 123
(c) Where did injury occur? 818 E 12th (City or town) (County) KC (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no home
(Specify type of place)
While at work? no (e) Means of injury fall

23. Signature D. W. McCee (M. D. ~~or other~~)
Address 800 Argyle Date signed 10-17-46

(Licensed Embalmer's Statement on Reverse Side)

1:30-87 [redacted]

## 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. Earl Papp

Licensed Embalmer No. 3458

P. O. Address K. C. 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.**