

Registration District No. **73**

Primary Registration District No. **4133**

Registrar's No. **22**

1. PLACE OF DEATH:
 (a) County **Clay**
 (b) City or town **Kearney**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Clay**
 (c) City or town **Kearney**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John Hartman**

3. (b) If veteran, name war _____ **3. (c) Social Security No.** **None**

4. Sex **Male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **married**

6. (b) Name of husband or wife **Margaret Hartman** **6. (c) Age of husband or wife if alive** **67** years

7. Birth date of deceased **Sept 10 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	62	5	24	

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

10. Usual occupation **Baker**

11. Industry or business **Bakery & Restaurant**

12. Name **Henry Hartman**

13. Birthplace **Germany**
(City, town, & county) (State or foreign country)

14. Maiden name **Madeleine Stoffer**

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

16. (a) Informant **Henry Hartman**

(b) Address **1226 Forest, K.C. Mo.**

17. (a) Burial **(b) Date thereof** **3/8/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty, Mo.**

18. (a) Signature of funeral director **Howard King**

(b) Address **Kearney, Mo.**

19. (a) March 8, 1947 (b) J. Morris Haynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **6th**
 year **1947** hour **5 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **Mar 6 1947**
 _____, 19____, to **Mar 6 1947**
 that I last saw him alive on **March 6 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** **7 hr.**
 Duration

Due to _____

Due to _____

Other conditions **94A**
(Include pregnancy within 3 months of death)

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? **0**

While at work? _____
(Specify type of place) (e) Mean of injury

23. Signature **Glenn W. Howard** (M. D.)

Address **Liberty, Mo.** Date signed **3/11/47**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-19-47

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.