

S. No. 2  
12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9119

FILED MAR 25 1947  
Registration District No. 149

State File No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1107

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:  
3624 Central Street  
(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 18 Months

3. (a) PRINT FULL NAME MRS. ALMIRA D. HARTMAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Perry W. Hartman

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

7. Birth date of deceased November 27th. 1859  
(Month) (Day) (Year)

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

87 3 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Vernon

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

14. Maiden name Catherine Martin

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

16. (a) Informant Mrs. Ina I. Murray

(b) Address 3624 Central Street

17. (a) Removal (b) Date thereof 3 - 11 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boone, Iowa

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 3-11-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3624 Central Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1947 hour 5:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Sept. 10 1946 to March 11 1947 and that death occurred on the date and hour stated above.

That I last saw her ER alive on Feb. 15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility & arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 40%

Duration  
1 yr.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature D. D. Ludwig (M. D. or other) MD

Address 407 W. 34th Street Date signed 3-11-47

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

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**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.....

*Elmer C. Wadelin*

Licensed Embalmer No.....

*3495-*

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.**