S. No. 2
M—12-45
r. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9121

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1144

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: TUGGLE REST HOME - 3251 PROSPECT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether
In this community 50 YEARS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town RURAL HICKMAN MILLS MO 0
(If outside city or town limits, write "RURAL")
(d) Street No. RR #2 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME DORATHEA HARTMANN
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 MR. JACOB HARTMANN
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased OCT - 28 - 1855 (Month) (Day) (Year)

8. AGE: Years 91 Months X4 Days X3 If less than one day ..... hr. ..... min.

9. Birthplace WESTBEND. (City, town, or county) WISCONSIN (State or foreign country)
10. Usual occupation ----
11. Industry or business AT HOME
FATHER
12. Name GEORGE HENRY KURTZ. 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CHRISTIAN MILLER
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Fred Hartmann
(b) Address 2446 Sawn
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation LEE'S SUMMIT, MISSOURI
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 3-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MARCH day 11th year 1947 hour 5 minute 20 P. M.
21. I hereby certify that I attended the deceased from Mch 3 1947, 19 to March 11, 1947 that I last saw her alive on Mch 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to Chr Myocarditis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations NO 93d	
Of autopsy NO	

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) 0
While at work? (e) Means of injury
23. Signature M B Carbolt MD (M. D. or other)
Address 4000 Baltimore KC Date signed 3/17/47

(Licensed Embalmer's Statement on Reverse Side)

4000 - Baltimore
3-7

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 John E Thaking, Registered Apprentice No. applied for, working under my personal supervision.

Signed E Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.