

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mo. Methodist Hosp. O  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 Days  
(Specify whether years, months or days)  
 In this community abt. 60 years

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

3. (a) PRINT FULL NAME James Henry Hartman  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 13  
 year 1947 hour 9 minute 45 P.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mable May Hartman  
 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased April 6 1776  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23, 1947 to July 13, 1947, that I last saw him alive on July 13, 1947, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death  
Heart Disease - ~~arteriosclerotic~~ Arteriosclerosis  
Arteriosclerosis  
 Due to Arteriosclerosis 10 Yrs.

9. Birthplace Do Not Know Ill.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

10. Usual occupation Retired  
 11. Industry or business Contractor  
 12. Name John Hartman  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Do Not Know  
 15. Birthplace Do Not Know  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mable May Hartman  
 (b) Address Industrial City, Mo  
 17. (a) Burial (b) Date thereof July 17 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ashland Cemetery

23. Signature Archie W. Steing (M. D. or other)  
 Address The Tootle Bldg. Date signed 7-17-47

18. (a) Signature of funeral director Stainey Funeral Home  
 (b) Address 2335 St. Joseph Ave. St. Joseph, Mo.  
 19. (a) 7-26-47 (b) 6 G. Jenkins  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

OCT 27 1947

JUL 29 1947

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.....

Charles Marshall Norman, Registered Apprentice No. 450  
working under my personal supervision.

Signed John Lb Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, 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.**