S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24210

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2919

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: Osteopathic Hospt.
(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 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3220 Brooklyn 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hester Ann Hart
3. (b) If veteran, name war No
3. (c) Social Security No. NO
4. Sex Fem
5. Color or race Wht
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John M. Hart
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 - 28 - 1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name W. A. Waddell
13. Birthplace Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Bell
15. Birthplace Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant E. A. Hart
(b) Address 4189
17. (a) Mattson (Burial, cremation, or removal) (b) Date thereof 7/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mattson Ill
18. (a) Signature of funeral director Stine-McClure
(b) Address Kansas City Mo
19. (a) 7-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1947 hour 14 minute P.M.
21. I hereby certify that I attended the deceased from June, 1947, to July 9, 1947; that I last saw her alive on July 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) 130	

Major findings:
Of operations none
Of autopsy none

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)
While at work? (e) Means of injury

23. Signature Mabel Andersen (M. D. or other) D.O.
Address 1115 Grand Ave Date signed 7-9-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.