S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 11 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28027

State File No.

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 260

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hours (Specify whether

In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 909 S. Leslie 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR. LEE HART. SR.

3. (b) If veteran, name war World War I

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Rachel Hart

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 22, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	3	1	hr. min.

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

10. Usual occupation Refrigeration service engineer

11. Industry or business self employed

FATHER
12. Name unknown, Hart
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mina Cook
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rachel Hart

(b) Address 909 S. Leslie, Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/27/47
(Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 8-25-47 (Date received local registrar) (b) [signature] (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1947 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to 30 Burns Entire Body

Due to

Other conditions
(Include pregnancy within 3 months of death)

Deputy Coroner

Major findings
Of operations

Of autopsy Inspection

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 8/23/47

(c) Where did injury occur? Independence Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes (Specify type of place)

While at work? (e) Means of injury Burns

23. Signature A. E. Usher (M. D.)

Address 2800 Main Date 8/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 26 1950

DEC 5 1950

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 William H. Schlanker, Registered Apprentice No. 439, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 423

P. O. Address Independence, 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.