

No. 30-10-47  
5-17-39  
I 3908

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED APR 17 1948

112611  
State File No. \_\_\_\_\_  
Registrar's No. 1527

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 1527

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 8200 Highland  
(d) Length of stay: 21 Yrs  
In this community 21 Yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 8200 Highland  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Mary Olive Hartman  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 3 year 1948 hour 7 minute 00 P.M.

4. Sex F / 5. Color or race W  
6. (b) Name of husband or wife John Peter Hartman  
7. Birth date of deceased Jan. 21 1869

21. I hereby certify that I attended the deceased from Apr 1 1948 to Apr 3 1948  
that I last saw her alive on Apr 3 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 79- Months 2 Days 12 hr. min.

Immediate cause of death Coronary occlusion  
Due to Hypertension  
Due to Arteriosclerosis  
Duration 2 days

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

10. Usual occupation Home

11. Industry or business

12. Name Ennos Zachria  
13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Wilheigh (City, town, or county) (State or foreign country)

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

16. (a) Informant Herman L. Repass  
(b) Address 8200 Highland

17. (a) Removal (b) Date thereof 4-5-48  
(c) Place: burial or cremation Garnett, Ks.

18. (a) Signature of funeral director Stine & McClure  
(b) Address Kansas City, Mo.

19. (a) 4-7-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a  
Of autopsy

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

While at work? (Specify type of place) (c) Means of injury D  
23. Signature J. J. Jones (M. D. or other)  
Address 80 + Patch Date signed 4/15/48

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

18  
3  
8

48  
3  
8  
0

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

*100  
To J. P. Pardo*

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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.....

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.**