

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12612
Registrar's No. 1720

Registration District No. 149

Primary Registration District No. 1001

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

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: MEMORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution 12 DAYS
(Specify whether
In this community 60 YRS
years, months or days)

3. (a) PRINT FULL NAME MR. GEORGE M. HARTMANN
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LILLIE HARTMANN
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased APRIL - 8 - 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 9
If less than one day hr. 1 min.

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

10. Usual occupation RETIRED

11. Industry or business

MOTHER FATHER

12. Name HUGO HARTMANN
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name KATHERINE
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LILLIE HARTMANN
(b) Address 4005 WARWICK BLVD
17. (a) BURIAL (b) Date thereof APRIL 20 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT MARIAN CEMETERY

18. (a) Signature of funeral director D. J. Newsum
(b) Address 1401 Wash Creek Blvd, KC Mo
19. (a) 4-20-48 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4005 WARWICK BLVD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 17TH
year 1948 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from 4/5 to 4/17
that I last saw him alive on 4/17
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Coronary artery disease
Due to arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 940
Of autopsy

Duration 12 days
2-3 yrs.
20 yrs
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?

While at work (Specify type of place) Means of injury
23. Signature Billie Holmes (M. D. or other)
Address 220 Bryant Blvd Date signed 4/19/48

7228 Burroughs Bldg
2-14

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.