No. 300
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16355

Registrar's No. 2082

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: St. Mary's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 weeks (Specify whether years, months or days)

In this community: 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 2711 Benton (If rural, give location) 8

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country: no

3. (a) PRINT FULL NAME: GERTRUDE M. HARDIN

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Ira L. Hardin

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: December (Month) 11 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
44	5	5	hr. min.

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

10. Usual occupation: Home

11. Industry or business: X

MOTHER FATHER

12. Name: William H. Griffith

13. Birthplace: Bradford, Kansas (City, town, or county) (State or foreign country)

14. Maiden name: Esther Sturdy

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

16. (a) Informant: Ira L. Hardin

(b) Address: 2711 Benton K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 18, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Park Cemetery K. C. Kans.

18. (a) Signature of funeral director: Wilks Funeral Home

(b) Address: 2315 Linwood K. C. 3 Mo

19. (a) 5-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1947 to May 15 1948 that I last saw her alive on May 15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	3 months
Due to: Primary carcinoma of breast	16 months
Due to:	
Other conditions (Include pregnancy within 3 months of death): 50	

Major findings: Of operations: Carcinoma of liver

Of autopsy:

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) 0

While at work?

(e) Means of injury:

23. Signature: Michael Bernreiter (M. D. or other)

Address: 436 Professional Bldg Date signed: 5/17/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Michael Bernreiter
Professional Bldg.
Ha 0266

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 Chas E W Tilles

Licensed Embalmer No. 2644

P. O. Address K C 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.