. S. No. 300
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Rev. 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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19497

FILED JUN 19 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2391

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 weeks (Specify whether
In this community 65 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 38
(If outside city or town limits, write "RURAL")

(d) Street No. 5115 WYANDOTTE STREET 80
(If rural, give location)

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

If yes, name country - - - - - -

3. (a) PRINT FULL NAME MR HARRY OSCAR HARTGE

3. (b) If veteran, name war NO

3. (c) Social Security No. 512-14-9868

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. BLANCHE HARTGE

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MAY (Month) 2 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	1	2	hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation PLANT SUPERINTENDANT

11. Industry or business W. C. WIEDENMAN & SON, INC

FATHER
12. Name OSCAR HARTGE
13. Birthplace SHADYSIDE (City, town, or county) MARYLAND (State or foreign country)

MOTHER
14. Maiden name SUSAN C BRADFORD
15. Birthplace (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant MRS. BLANCHE HARTGE

(b) Address 5115 WYANDOTTE STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 7 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month JUNE day 4TH year 1948 hour 3 minute 03 P. M.

21. I hereby certify that I attended the deceased from 1947, 19..., to June 4, 1948 that I last saw him alive on June 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	24 hrs.
Due to Cerebral Thrombosis	9 days
Due to	
Other conditions Generalized Arteriosclerosis, Arteriosclerotic Heart disease (Include pregnancy within 3 months of death)	Several yrs.

Major findings:
Of operations
Of autopsy 93d

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 Harold M. Roberts (M. D. or other) MD.

Address 1103 Grand, K.C., Mo. Date signed 6-7-48

(Licensed Embalmer's Statement on Reverse Side)

1600 Professional Bldg.
2-5

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 Bernard L Foran

Licensed Embalmer No. 4250

P. O. Address KC 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.