

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29793  
Registrar's No. 3617

Registration District No. 149

Primary Registration District No. 1002

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 minutes (Specify whether years, months or days)  
In this community 55 Years

3. (a) PRINT FULL NAME Robert J. Hartfiel  
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 Edith C. Hartfiel  
6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased Sept. 23rd 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 11 11 .hr. min.

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

10. Usual occupation Ry. Mail Clerk

11. Industry or business

12. Name Robert J. Hartfiel  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Katheryne Shawbaker  
15. Birthplace Eudora Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith C. Hartfiel  
(b) Address 4427 Indiana

17. (a) Burial (b) Date thereof 9/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri

19. (a) 9-7-48 (b) Geraldine 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. 4427 Indiana  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4  
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 1,  
1948, to Sept. 4, 1948;  
that I last saw him alive on Aug. 15, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Ventricular Fibrillation Duration minutes  
Due to Mitral Insufficiency 20 years

Due to Rheumatic fever Age 16

Other conditions marked coronary sclerosis  
(Include pregnancy within 3 months of death)

Healed Inter-ventricular septum infarct PHYSICIAN  
Major findings:  
Of operations none

Of autopsy Same as above  
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) (e) Means of injury 0

23. Signature William F. Jones (M. D. or other)  
Address 200 Poplarwood Bldg. Date signed 9/17/48

**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 Wallis H. Bennett

Licensed Embalmer No. 4438

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.**