

FILED DEC 29 1948

State File No. ....

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5033

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:  
2333 Lister Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 88 years (years, months or days)

**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. 2333 Lister Street  
(If rural, give location)

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

If yes, name country .....

**3: (a) PRINT FULL NAME** George P. HARDESTY

3. (b) If veteran, name war no 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 10  
year 1948 hour 12 minute 45 A. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Dora Hardesty 6. (c) Age of husband or wife if alive        years

7. Birth date of deceased July 26 1857  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 6<sup>th</sup> 1948 to Dec. 10 1948  
that I last saw him alive on Dec 9 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>4</u>	<u>14</u>	.....hr. ....min.

Immediate cause of death Bronchitis pneumonia  
Pneumonia R. Post  
Due to arterio sclerosis

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

Due to .....

Other conditions 97  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Druggist

11. Industry or business Self

12. Name Richard Hardesty

13. Birthplace Warsaw, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Peak

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

Major findings:  
Of operations .....

Of autopsy .....

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

16. (a) Informant Mrs. John L. Thompson

(b) Address 2333 Lister St., K. C., Mo.

17. (a) Burial (b) Date thereof 12-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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? .....

18. (a) Signature of funeral director Melody McGilley Eyer

(b) Address Kansas City, Missouri

19. (a) 12-10-48 Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work?        (Specify type of place)

Means of injury R. S. Long

23. Signature R. S. Long (M. D. or other) .....

Address 4800 E. 24<sup>th</sup> Date signed 12-10-48

Dr. R. A. Kemp  
4800 E. 24th

Bent. 5949

11:30

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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 Glen E. Heck

Licensed Embalmer No. 4063

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.