

FILED JAN 15 1948
 Registration District No. **199**

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: **MEMORAH HOSPITAL**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2/17/48 to 12/23/48**
(Specify whether years, months or days)
 In this community **29 YEARS**

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. **1310 MONROE AVENUE**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mr. John W. Hartman**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **500-14-9861**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **MRS. ALDA HARTMAN** 6. (c) Age of husband or wife if alive **49** years
 7. Birth date of deceased **MAY 14 1898**
(Month) (Day) (Year)

8. AGE: Years **50** Months **7** Days **12** If less than one day _____ hr. _____ min.

9. Birthplace **CHERRYVALE KANSAS**
(City, town, or county) (State or foreign country)
 10. Usual occupation **PAINTER AND DECORATOR**

11. Industry or business **✓**
MOTHER FATHER
 { 12. Name **JOHN W. HARTMAN**
 { 13. Birthplace **KANSAS**
 { 14. Maiden name **NANNIE GARRETT**
 { 15. Birthplace **KANSAS**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. ALDA HARTMAN**
 (b) Address **1310 MONROE AVENUE**
 17. (a) **BURIAL** (b) Date thereof **DEC-27-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FOREST HILL CEMETERY**
 18. (a) Signature of funeral director **D. H. Newcomer's Son**
 (b) Address **1401 BRUSH CREEK BLVD.**
 19. (a) **12-27-48** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **12** day **23** year **48** hour **11** minute **30 P.M.**
 21. I hereby certify that I attended the deceased from _____, 19____, to **12-23-1948**, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Right Heart Failure	1 wk.
Due to Carcinomatosis of Pleura?	1 Mo
Due to Carcinoma of Tongue	6 Mo
Other conditions (include pregnancy within 3 months of death)	
Major findings: Carcinoma of Tongue	PHYSICIAN Underline the cause to which death should be charged statistically.
Of operations: Cervical Metastases	
Of autopsy: Extensive Pleural Involvement	

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 _____
 Signature **Nancy C. Lapp** **Harry C. Lapp**
(M. D. or other)
 Address **1103 Grand** Date signed **12-27-48**

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 Edward M. Storey

Licensed Embalmer No. 4452

P.O. Address. K. C. 4 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.