

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 6 1949

State File No. 8415  
Registrar's No. 1160

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| BIRTH NO. _____                                                                                                                                                                                                                 |  | REG. DIST. NO. 149                                                                                                                                                                                                                                                                                                                                                                                                                   |  | PRIMARY REG. DIST. NO. 1002                                                                                                  |  | Registrar's No. 1160                                                                |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |  |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Kansas City                                                                                                                                  |  | c. LENGTH OF STAY (in this place)<br>12 yrs                                                                                                                                                                                                                                                                                                                                                                                          |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN Kansas City                               |  |                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | d. STREET ADDRESS (If rural, give location)<br>508 W. 10th St.                                                               |  |                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                          |  | a. (First) Jessie                                                                                                                                                                                                                                                                                                                                                                                                                    |  | b. (Middle) Margaret                                                                                                         |  | c. (Last) HARTSHORN                                                                 |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                |  | (Month) March                                                                                                                                                                                                                                                                                                                                                                                                                        |  | (Day) 13                                                                                                                     |  | (Year) 1949                                                                         |  |
| 5. SEX<br>Female                                                                                                                                                                                                                |  | 6. COLOR OR RACE<br>white                                                                                                                                                                                                                                                                                                                                                                                                            |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married                                                            |  | 8. DATE OF BIRTH<br>Aug 4, 1882                                                     |  |
| 9. AGE (In years last birthday)<br>57                                                                                                                                                                                           |  | 10. MONTHS<br>6                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 11. BIRTHPLACE (State or foreign country)<br>Ireland                                                                         |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA                                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife                                                                                                                        |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Home                                                                                                                                                                                                                                                                                                                                                                                            |  | 11. BIRTHPLACE (State or foreign country)<br>Ireland                                                                         |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA                                                 |  |
| 13a. FATHER'S NAME<br>James Kane                                                                                                                                                                                                |  | 13b. MOTHER'S MAIDEN NAME<br>Mary Ann Hamilton                                                                                                                                                                                                                                                                                                                                                                                       |  | 14. NAME OF HUSBAND OR WIFE<br>Blake W. Hartshorn                                                                            |  |                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>no                                                                                                                                                         |  | 16. SOCIAL SECURITY NO.<br>none                                                                                                                                                                                                                                                                                                                                                                                                      |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Mrs. Margaret Williams                                                                  |  |                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brd. Dig. B. Burns</i><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>E 9160<br>16<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                              |  | INTERVAL BETWEEN ONSET AND DEATH                                                    |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION<br><i>Dissected</i>                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                              |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><i>Accident at home</i>                                                                                                                                                             |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><i>at home</i>                                                                                                                                                                                                                                                                                                                           |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><i>Kansas City Jackson Mo</i>                                             |  |                                                                                     |  |
| 21d. TIME OF INJURY<br>3-13-49                                                                                                                                                                                                  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                    |  | 21f. (HOW DID INJURY OCCUR?)<br><i>Car accident</i>                                                                          |  |                                                                                     |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                              |  |                                                                                     |  |
| 23a. SIGNATURE Hugh H. Owens (Degree or title)                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 23b. ADDRESS<br><i>1034 Platte Blvd</i>                                                                                      |  | 23c. DATE SIGNED<br>3-13-49                                                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                                                                                                                                                                             |  | 24b. DATE<br>March 16                                                                                                                                                                                                                                                                                                                                                                                                                |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Forest Hill                                                                            |  | 24d. LOCATION (City, town, or county) (State)<br>Kansas City Mo.                    |  |
| DATE REC'D BY LOCAL REG.<br>3-14-49                                                                                                                                                                                             |  | REGISTRAR'S SIGNATURE<br><i>Steraldine Holmes</i>                                                                                                                                                                                                                                                                                                                                                                                    |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Melody-McGilley-Eylar                                                                    |  | ADDRESS<br>Kansas City, Mo.                                                         |  |

(Licensed Embalmer's Statement on Reverse Side).

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Max W. Kirkendall

Licensed Embalmer No. 4632

P. O. Address H. C. Ma

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.