

FILED MAR 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 9537

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4416 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Platte City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Platte City	
c. LENGTH OF STAY (in this place) 61 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) John William Hartman	a. (First) John	b. (Middle) William	c. (Last) Hartman	4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1949
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 29, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk (butcher)	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (State or foreign country) Platte City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Hartman	13b. MOTHER'S MAIDEN NAME Mary Turner	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 496-16-0394	17. INFORMANT'S SIGNATURE OR NAME Tom Hartman	ADDRESS Platte City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hours 3 years 10 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Generalized Arteriosclerosis with Hypertension		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 1947**, to **March 6, 1949**, that I last saw the deceased alive on **March 6, 1949**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur Parker	(Degree or title) M.D.	23b. ADDRESS Platte City, Mo	23c. DATE SIGNED 3/8/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-8-49	24c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	24d. LOCATION (City, town, or county) (State) Platte City, Missouri
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DATE REC'D BY LOCAL REG. 3-8-49	REGISTRAR'S SIGNATURE Alpha Roemm	25. FUNERAL DIRECTOR'S SIGNATURE Wollus & Mitchell	ADDRESS Platte City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-23-49

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

ROLAND M. GIFFEE

Student Embalmer No. 260

working under my personal supervision.

Student

Roland M. Giffree
Student Embalmer

Signed

J. H. Brill

Licensed Embalmer No. 832

P. O. Address

Winston 210

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.