

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26913

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3522

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (In this place) 30 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City		d. STREET ADDRESS (If rural, give location) R.F.D. 488	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED a. (First) JOSEPH		b. (Middle) HARTMANN	
c. (Last) HARTMANN		4. DATE OF DEATH (Month) (Day) (Year) 8 14 49	
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-5-1896 1894
9. AGE (In years last birthday) 53 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker	
10b. KIND OF BUSINESS OR INDUSTRY Tool & Die		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wuni Hartmann	
13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE June S. Hartmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-10-3812	
17. INFORMANT'S SIGNATURE OR NAME June S. Hartmann		ADDRESS R 488 N. K. C. Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 months	
ANTECEDENT CAUSES Morbid conditions, if any; giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Stenosis Mxal. stenosis years		DUE TO (c) Rheumatic Fever & Hypertension years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H10x	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 19 49 to Aug. 13, 1949 , that I last saw the deceased alive on Aug 13, 1949 , and that death occurred at 6:45 am , from the causes and on the date stated above.			
23a. SIGNATURE V. B. Ballard (Degree or title) M.D.		23b. ADDRESS 1103 Grand KC Mo.	
23c. DATE SIGNED 8-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-17-49	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 8-15-49		REGISTRAR'S SIGNATURE Steldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE J W Wagner		ADDRESS K C Mo	

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 Abrie R. Haunschield

Licensed Embalmer No. 4159

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.