

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30441  
Registrar's No. 3751

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>25 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>1315 EAST 78<sup>TH</sup> STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GROSSE NURSING HOME</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>ATKINSON</b>	
		c. (Last) <b>HARDY, SR.</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 2 1950</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>OCT. 25 1884</b>
9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED - WESTERN UNION</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TELEGRAPHER</b>	
11. BIRTHPLACE (State or foreign country) <b>KANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>GEORGE WASHINGTON HARDY</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH ANN ATKINSON</b>	
14. NAME OF HUSBAND OR WIFE <b>--</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. FANNY H. FONTRON</b> ADDRESS <b>1315 EAST 78<sup>TH</sup> ST. KANSAS CITY, MO.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute &amp; chronic pulmonary congestion and edema</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertrophy of the heart</b> DUE TO (c) <b>Coronary arteriosclerosis with recent coronary occlusion</b> II. 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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF SUICIDE OR 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) (Min.)		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 <b>Pathologist</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:25 AM.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Victor B. Buhler</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>370 W 47<sup>th</sup> St. C. Mo</b>	
23c. DATE SIGNED <b>9/2/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>SEPT 3 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>EASTSIDE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>HUTCHINSON, KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>9-4-50</b>		REGISTRAR'S SIGNATURE <b>M. D. Newcomer's Sons</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D. M. Newcomer's Sons</b>		ADDRESS <b>1351 BRUSH CREEK KANSAS CITY, MO.</b>	

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Doyle L. Daniel*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4703*

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.