

D. 2
7-39
K23159

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1142

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

NOV 12 1940

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (c) Name of hospital or institution: 2505 E. Atchison
 (d) Length of stay: In hospital or institution 9 years
 In this community 9 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph
 (d) Street No. 2505 E. Atchison
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME William H. Hart
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 27th.
 year 1940 hour 4 minute 40 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Jennie Hart
 (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased DEC. 11 1869

21. I hereby certify that I attended the deceased from Oct. 28th 1940 to 19 that I last saw him viewed and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 10 Days 18
 If less than one day hr. min.

Immediate cause of death Acute Coronary Thrombosis
 Duration

9. Birthplace Fair port Mo.
 (City, town, or county) (State or foreign country)

Due to 94B
 Due to

10. Usual occupation farmer

Other conditions Arteriosclerosis
 (Include pregnancy within 3 months of death)

11. Industry or business 1
 12. Name John Hart
 13. Birthplace Cleveland Ohio Ohio
 14. Maiden name May Swingley
 15. Birthplace Cleveland Ohio

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jennie Hart
 (b) Address 2505 E. Atchison St Joseph, Mo.
 17. (a) removal (b) Date thereof Oct. 29, 1940
 (c) Place: burial or cremation Wathena, Kansas

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence

18. (a) Signature of funeral director FLEEMAN & SON INC.
 (b) Address 1946 Calhoun St. Joseph, Mo.
 19. (a) Oct. 29, 1940 (b) H. J. Neelbush
 (Date received local registrar) (Registrar's signature)

(c) Where did injury occur? 85 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) (e) Means of injury
 23. Signature B. W. Tadlock (M. D. or other) Coroner
 Address King Hill St. JOSEPH Date signed 10/29/40

01.11.23.

13205.17.4.

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed... *Geo E. Daniel*

Licensed Embalmer No. *3306*

P. O. Address *St Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.