S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24136

State File No. ✓

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 48

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Kansas City~~ "Rural" Washington Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pratt-Whitney Garage, 3 Pratt-Whitney
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4217 Baltimore 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JACOB F. BART

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-0586

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby E. Bart

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb. 19 th 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	5	hr. min.

9. Birthplace Martin City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Defense Worker Garage Att

11. Industry or business Pratt- Whitney

FATHER
12. Name Faldeen Bart
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schaffner
15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby E. Bart
(b) Address 4217 Balytimore K.C. Mo.

17. (a) Burial (b) Date thereof June 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah, K.C., Mo

18. (a) Signature of funeral director Mellody-MCGILLEY-EYLAR
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 6/28/45 (b) Dr. Annie G. Hedges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 th
year 1945 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from CORONER, 19..., to ..., 19...;
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis - Chronic myocardial fibrosis - Acute pulmonary edema

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94-2

Of autopsy See above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 6-26-45

115 (Licensed Embalmer's Statement on Reverse Side)

MAR 4 19

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. Chas E. Wilfks

Licensed Embalmer No. 2644

P. O. Address Kansas City

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.