

No. 2  
-12-45  
5-17-39  
1 X47070

FILED OCT 7 1946

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hpt  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 1 day

3. (a) PRINT FULL NAME JOHN WESLEY TARTAR

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cornelia Tartar

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Nov 14 - 1897  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day,
48	10	2	hr. min.

9. Birthplace of Tracy, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Tartar

13. Birthplace Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Baley

15. Birthplace Kan  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John M. Tartar

(b) Address Rt 1 Liberty, Mo

17. (a) Burial (b) Date thereof Sept 18 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Liberty, Mo

18. (a) Signature of funeral director Church - Archer

(b) Address Liberty, Mo

19. (a) 9-16-46 (b) Geraldine Helms  
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. Rd 1  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16  
year 1946 hour 10:22 minute a M.

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

Immediate cause of death Crush injury pelvis

Due to Peto-Peritoneal Hernia

Due to Shock

Other conditions 1750-6  
(Include pregnancy within 3 months of death)

Major findings: Of operations 5

Of autopsy yes - as above

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

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

(b) Date of occurrence 9-15-46

(c) Where did injury occur? Clay, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm

While at work? yes (Specify type of place) (e) Means of injury Trauma

23. Signature Jam [unclear] (M. D. or other)

Address 142 1/2 W. 1st St Date signed 9-16-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....

*Edgar Archer*

Licensed Embalmer No. 3311

P. O. Address..... Liberty, 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.**