

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10721

Do not use this space.

1. PLACE OF DEATH ²
 (a) County Greene Registration District No. 316
 (b) Township Camptell Primary Registration District No. 2001 Registered No. 192
 (c) City Springfield (d) Street No. 747 St. Louis St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alvaree Hart 630
 (a) Residence, No. 747 St. Louis St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Hart.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1859

7. AGE YEARS 78 MONTHS 8 DAYS 16 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Missouri

13. NAME Majest Hart.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Mary Jane Beale.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Missouri

17. INFORMANT (ADDRESS) Robert Hart, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson Cem. DATE March 19, 1938

19. FUNERAL DIRECTOR (ADDRESS) Quinn Hall, Springfield, Mo.

20. FILED Mar 30 1938 Paul A. Horowitz Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/2/38 1938 to 3/2/38 1938.
 I last saw him alive on 3/2/38 1938. Death is said to have occurred on the date stated above, at 9:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Kidney Condition
Did not have opportunity to analyze urine
Chronic Nephritis
 Other contributory causes of importance:
Nelutenses of Urine
121

Name of operation 121 Date of.....
 What test confirmed diagnosis? Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify. (Signed) A. G. Aldred, M.D.
 (Address) Springfield, Mo.

STATEMENT BY LICENSED EMBALMER

I, Andrew Forbis, Licensed Embalmer No. 3649.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Andrew Forbis
Licensed Embalmer No. 3649.

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.)