

REC'D SEP 21 1938

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

28914

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 649
(c) City Springfield, Mo. (d) Street No. Springfield Baptist Hospital 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

Daymond Hart
(a) Residence, No. Ava, Missouri St. (If nonresident, give city or town and State) Ava Mo
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucile Hart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17 1913
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 8 3
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County Missouri
FATHER 13. NAME Sam Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County Missouri
MOTHER 15. MAIDEN NAME Sadie Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County Missouri
17. INFORMANT (ADDRESS) Sam Hart Ava, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Ava, Mo. DATE Aug 20 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lohmeyer Springfield, Mo.
20. FILED Aug 20 1938 Chas A. Georger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20 19 38

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Aug 20 1938 to Aug 20 1938, 1938. Death is saidto have occurred on the date stated above, at 11:45 m.
The principal cause of death and related causes of importance were as follows:

Crushed Chest Automobile Date of onset

Collision with truck

Passenger in Automobile

Other contributory causes of importance: 2102

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug 20 1938Where did injury occur? on Highway near Ava, Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. On public highwayManner of injury Crushed ChestNature of injury Automobile Accident

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. P. Ferguson Registrar(Address) 15 D S. 42 med arts Bldg

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.