JAN 24 1939

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

43030
Do not use this space.

1. PLACE OF DEATH
(a) County Gentry — Registration District No. 309
(b) Township — Primary Registration District No. 4185 — Registered No. 66
(c) City Albany (d) Street No. ... 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 630 Dr. Mart Hart
(a) Residence, No. ... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1849

7. AGE: Years 89 | Months 2 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. (6 yrs)
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) Hardin Co. Ky

FATHER
13. NAME Josiah Hart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Elizabeth Pence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT E. F. Hart (ADDRESS) Chicago

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 12-18 1938

19. FUNERAL DIRECTOR Robert L. Yaple (ADDRESS) Albany, Mo.

20. FILED Dec 21, 1938. W. T. Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1938, to Dec 16th, 1938. I last saw him alive on Dec 16th, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio Pneumonia	3 days
Other contributory causes of importance: Acute Influenza	unknown

Name of operation ... 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? ...
If so, specify ...
(Signed) W. S. Campbell, M. D.
(Address) Albany Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Robert L. Gaple, Licensed Embalmer No. 3308

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert L. Gaple

Licensed Embalmer No. 3308

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.)