

3 17 1939

REC'D MAR 9 1939

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

7763
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis 3 Registration District No. 784
 (b) Township Bonhomme 2 Primary Registration District No. 106 Registered No. 286
 (c) City Kirkwood Mo or (d) Street No. 341 W. Jefferson Ave 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.
630

2. PRINT FULL NAME John Hart
 (a) Residence, No. _____ St. Wakeney, Kansas
 (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 W 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 Rozella Hart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 3 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 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) Iowa 1

FATHER
 13. NAME John Hart 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7

MOTHER
 15. MAIDEN NAME Lydia Armentrout 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknwn

17. INFORMANT Kethyl Klein
 (ADDRESS) 341 W. Jefferson Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wakeney Kansas DATE Feb 21 1939

19. FUNERAL DIRECTOR (NAME) Louis H. Boyer
 (ADDRESS) 131 W. Argonne Dr Kirkwood Mo

20. FILED FEB 17 1939
J.R. Meyer, D.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17/39 1939

22. I HEREBY CERTIFY That I attended deceased from Feb. 1 - 1939, to Feb. 17 - 1939
 I last saw him alive on Feb. 16 - 1939 Death is said to have occurred on the date stated above, at 1; A.m.
 The principal cause of death and related causes of importance were as follows:
Information of age
92
 Date of onset _____
 ?
 ?
 ?

Other contributory causes of importance:
arterio-sclerosis
myocard degeneration
chronic pleuritis

Name of operation None 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? No. 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) John H. Boyer M.D.
 (Address): 304 1/2 Jay St. W. Kirkwood Mo

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.

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 me
John M Meyer, Registered Apprentice No. _____
working under my personal supervision.

Signed John M Meyer
Licensed Embalmer No. 13288
P. O. Address Kirkwood, 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, above space should be left blank.