

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.

MAY 18 1939

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

15168
Do not use this space

1. PLACE OF DEATH **Jasper** 2
 (a) County..... Registration District No. **411**
 (b) Township **Joplin**..... Primary Registration District No. **2002** Registered No.
 (c) City..... (d) Street No. **1117** **Broadway** 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 **Charles A. Hart**
 (a) Residence, No. **1117 Broadway** 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 **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 **Maude**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7, 1869**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 1 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Merchant**
 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) **Indiana**

FATHER
 13. NAME **Thomas J. Hart**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER
 15. MAIDEN NAME **Edith Enlow**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. Maude Hart**
 (ADDRESS) **1117 Broadway, Joplin, Mo**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Mt. Hope Cem.** DATE **5-2-39**

19. FUNERAL DIRECTOR (NAME) **Hurlbut Und. Co**
 (ADDRESS) **212 Joplin St., Joplin, Mo.**

20. FILED **5-1-39 Ed O Jorney**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-29-39**

22. I HEREBY CERTIFY, That I attended deceased from **April 27, 1939, to April 29, 1939**
 I last saw him alive on **April 27, 1939**. Death is said to have occurred on the date stated above, at **10:05 P. M.**
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset

Other contributory causes of importance:
None

Name of operation..... Date of.....
 What test confirmed diagnosis? **Cluised** 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) **H. Hurlbut**, M. D.
Joplin Mo.
 397 (Address).....

RECEIVED

District Health Officer No. 6,

District File Number 6-5-31-1083

Date Filed MAY 15 1939

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 Ray K. Lusk

Licensed Embalmer No. 959

P. O. Address Japan W

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.