

0375 JUN 13 1939

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

19282
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
(b) Township Beaver Creek Primary Registration District No. 5787B
(c) City Belleflower or (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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 14

2. PRINT FULL NAME JOHN CLINDIFF HART

(a) Residence, No. _____ 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 Bertha Hart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14-1867

7. AGE YEARS 71 MONTHS 6 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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. Retired
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) near Big Spring, Missouri

FATHER 13. NAME William Hart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County, Missouri

MOTHER 15. MAIDEN NAME Emma Clindiff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County, Missouri

17. INFORMANT (ADDRESS) Mrs. Clara Oleson, 2201 North 1st St., Montgomery City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City, Mo. DATE May 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Marshall, Montgomery City, Mo.

20. FILED May 29, 1939 W. H. Johnson, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936 to May 27, 1939

I last saw him alive on May 24, 1939 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
Diabetic
Gangrene right foot

Date of onset 1934
2/6/39

Other contributory causes of importance: 54

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. Was there an autopsy? No

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) Buell Menefee, M. D.
(Address) Montgomery City, Mo.

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.

70

1 X 16503

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.....

Edgar Boone Schlanter, Registered Apprentice No. *158*
working under my personal supervision.

Signed *Joseph A. Marlow*
Licensed Embalmer No. *3658*

P. O. Address *Waukegan City, Ill.*

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.